


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03610 (5)**

1. Corporation Name  
**OZONA VILLAGE IMPROVEMENT SOCIETY, INC.**



Principal Place of Business <b>BAY ST. P O BOX 81 OZONA FL 34660</b>	Mailing Address <b>BAY ST. P O BOX 81 OZONA FL 34660-0081</b>
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3. Date Incorporated or Qualified <b>06/12/1984</b>	3a. Date of Last Report <b>05/21/1996</b>
4. FEI Number <b>59-2419863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**MARENS, ARNOLD W.  
133 HARBOR DR.  
PALM HARBOR FL 34683**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FORTNER, ROBERT	1.2 NAME	BOBBIE B PAINTER
STREET ADDRESS	19 BAY ST.	1.3 STREET ADDRESS	139 HARBOR DR.
CITY-ST-ZIP	OZONA FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	VD	2.1 TITLE	VD
NAME	WILSON, CHRISTINE	2.2 NAME	BRIAN SMITH
STREET ADDRESS	104 HARBOR DR	2.3 STREET ADDRESS	P.O. BOX 6646
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	OZONA FL 34660
TITLE	SD	3.1 TITLE	SD
NAME	DEFERRARI, DIANA	3.2 NAME	TERRY FORTNER
STREET ADDRESS	110 HARBOR DR	3.3 STREET ADDRESS	19 Bay St
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	OZONA FL
TITLE	TD	4.1 TITLE	
NAME	MARENS, DIANE M.	4.2 NAME	
STREET ADDRESS	133 HARBOR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	MARENS, ARNOLD W	5.2 NAME	REGGIE HALL
STREET ADDRESS	133 HARBOR DR	5.3 STREET ADDRESS	312 RIDGE Rd
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	OZONA FL
TITLE		6.1 TITLE	D
NAME		6.2 NAME	ROBERT FORTNER
STREET ADDRESS		6.3 STREET ADDRESS	19 BAY ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OZONA FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/20/97**

CR2E037 (9/96)