

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N03610 (5)**

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



|  |  |
|--|--|
| Principal Place of Business<br>BAY ST.<br>P O BOX 81<br>OZONA FL 34660 | Mailing Address<br>BAY ST.<br>P O BOX 81<br>OZONA FL 34660 |
|--|--|

3. Date Incorporated or Qualified  
**06/12/1984**

4. FEI Number  
**59-2419863**

Applied For  
 Not Applicable

|  |  |
|--|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc. | 22. Mailing Address<br>Suite, Apt. #, etc. |
| 23. City & State                                       | 24. City & State                           |
| 25. Zip Country  | 26. Zip Country                            |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MARENS, ARNOLD W.  
 133 HARBOR DR.  
 PALM HARBOR FL 34883**

10. Name and Address of New Registered Agent

81 Name **ROBERT FORTNER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**19 Bay Street**

83

84 City **OZONA** FL 85 Zip Code **34660**

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 *[Signature]* DATE **4/2/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PD PAINTER, BOBBIE</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>139 HARBOR DR.</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM HARBOR FL</b>           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VD SMITH, BRIAN</b>          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>P.O. BOX 6846 N/A</b>        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OZONA FL</b>                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SD FORTNER, TERRY</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>19 BAY ST.</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OZONA FL</b>                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TD MARENS, DIANE M.</b>      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>133 HARBOR DR.</b>           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM HARBOR</b>              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D HALL, REGGIE</b>           | 5.2 NAME  |   |
| STREET ADDRESS             | <b>312 RIDGE RD.</b>            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OZONA FL</b>                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D FORTNER, ROBERT</b>        | 6.2 NAME  | <b>6000024915008</b>  |
| STREET ADDRESS             | <b>19 BAY ST.</b>               | 6.3 STREET ADDRESS                                    | <b>-04/17/98--01029--001</b>                                      |
| CITY-ST-ZIP                | <b>OZONA FL</b>                 | 6.4 CITY-ST-ZIP                                       | <b>***61.25</b>   |

14. I 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: *[Signature]* **3-14-08 813-773-0168**

CR2E037 (10/97)