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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90164 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03610**

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

Principal Place of Business BAY ST. P O BOX 81 OZONA FL 34660	Mailing Address BAY ST. P O BOX 81 OZONA FL 34660
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2419863
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FORTNER, ROBERT 19 BAY STREET OZONA FL 34660		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 PAINTER, BOBBIE	1.1 TITLE	
NAME	139 HARBOR DR.	1.2 NAME	
STREET ADDRESS	PALM HARBOR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SMITH, BRIAN	2.1 TITLE	
NAME	P.O. BOX 6646 N/A	2.2 NAME	
STREET ADDRESS	OZONA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD FORTNER, TERRY	3.1 TITLE	
NAME	19 BAY ST.	3.2 NAME	
STREET ADDRESS	OZONA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MARENS, DIANE M.	4.1 TITLE	
NAME	133 HARBOR DR.	4.2 NAME	
STREET ADDRESS	PALM HARBOR	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HALL, REGGIE	5.1 TITLE	
NAME	312 RIDGE RD.	5.2 NAME	
STREET ADDRESS	OZONA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FORTNER, ROBERT	6.1 TITLE	
NAME	19 BAY ST.	6.2 NAME	
STREET ADDRESS	OZONA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED 4-15-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REC-100

CR2F037 (11/98)