

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 003 ****61.25

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1. Entity Name

OZONA TRAIL COMMUNITY ASSOCIATION, INC.



Principal Place of Business

565 VISTA TRAIL CT
PALM HARBOR FL 34683

Mailing Address

P.O. BOX 276
OZONA FL 34660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3203283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYALL, DENNIS
565 VISTA TRAIL CT
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dennis Mayall

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

April 27, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRAUND, DAVID**
STREET ADDRESS **548 VISTA TRAIL CT.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete
NAME **FITZGERALD, MARCIA**
STREET ADDRESS **565 VISTA TRAIL CT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **Vice Pres** ☐ Delete
NAME **CONNER, JANET**
STREET ADDRESS **564 VISTA TRAIL CT.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **SD** ☐ Delete
NAME **MAYELL, MICHELLE**
STREET ADDRESS **569 VISTA TR CT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PRES** ☐ Delete
NAME **TATE, MARY**
STREET ADDRESS **VISTA TRAIL CT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DT** ☐ Delete
NAME **STAN MARGULIES**
STREET ADDRESS **552 VISTA TRAIL CT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **SAM HART**
STREET ADDRESS **545 VISTA TRAIL CT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Stanley Margulies

STANLEY MARGULIES

TREAS

4/27/06 727-771-0082