

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM  
Secretary of State

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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



02102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

MAYALL, DENNIS  
565 VISTA TRAIL CT  
PALM HARBOR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

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 DENNIS MAYALL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/08

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000831715  
02/27/08-80026-023 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE VP  
NAME CONNER, JANET  
STREET ADDRESS 564 VISTA TRAIL CT.  
CITY-ST-ZIP PALM HARBOR, FL 34683

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

TITLE P  
NAME TATE, MARY  
STREET ADDRESS VISTA TRAIL CT  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE DT  
NAME MARGULIES, STAN  
STREET ADDRESS 552 VISTA TR CT  
CITY-ST-ZIP PALM HARBOR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Stan Margulies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/08 727-7710082