2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N93000003875

Entity Name: OZONA TRAIL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

565 VISTA TRAIL CT
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 276
OZONA, FL 34660

New Mailing Address:

FEI Number: 59-3203283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BRAUND, DAVID	
Address:	548 VISTA TRAIL CT.	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	FITZGERALD, MARCIA	
Address:	565 VISTA TRAIL CT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VP	( ) Delete
Name:	CONNER, JANET	
Address:	564 VISTA TRAIL CT.	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	SD	( ) Delete
Name:	MAYELL, MICHELLE	
Address:	569 VISTA TR CT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	P	( ) Delete
Name:	TATE, MARY	
Address:	VISTA TRAIL CT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	DT	( ) Delete
Name:	MARGULIES, STAN	
Address:	552 VISTA TR CT	
City-St-Zip:	PALM HARBOR, FL 34683	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN MARGULIES DT 04/12/2009

Electronic Signature of Signing Officer or Director — Date