

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000875

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** MT. OLIVE SHORES LOT OWNERS' ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

409 E. COLLEGE AVEN  
RUSKIN, FL 33570 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1058  
RUSKIN, FL 33570 US

**New Mailing Address:**

**FEI Number:** 59-3369732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, LOU ELLEN  
409 E. COLLEGE AVE.  
RUSKIN, FL 335705631 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: DP ( ) Delete  
Name: HISAW, BETTY  
Address: 5207 ISLAND VIEW DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: MANN, STEVE  
Address: 5005 MT OLIVE SHORES DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: DT ( ) Delete  
Name: HORMELL, PAT  
Address: 5157 SOUTHSORE DRIVE  
City-St-Zip: POLK CITY, FL 33575

Title: DS ( ) Delete  
Name: MCCALLISTER, JAMES  
Address: 4929 SHORE LINE DRIVE  
City-St-Zip: POLK CITY, FL 33575

Title: DVP ( ) Delete  
Name: FILIAUCT, EDGAR  
Address: 5148 ISCANO VIEW DRIVE  
City-St-Zip: POLK CITY, FL 33575

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GARNER, WAYNE  
Address: 4925 SHORELINE DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: S (X) Change ( ) Addition  
Name: FITCH, BOB  
Address: 8961 ISLAND VIEW DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: DT (X) Change ( ) Addition  
Name: HORMELL, PAT  
Address: 5157 SOUTHSORE DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Change ( ) Addition  
Name: MCCALLISTER, JAMES  
Address: 4929 SHORE LINE DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: DVP (X) Change ( ) Addition  
Name: SCHMIEDERER, JOHN  
Address: 8937 ISLAND VIEW DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Change (X) Addition  
Name: EYRING, BETTY  
Address: 5050 NORTHSORE DRIVE  
City-St-Zip: POLK CITY, FL 33868

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: JOHN SCHMIEDERER

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date