#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03610

Entity Name: OZONA VILLAGE IMPROVEMENT SOCIETY, INC.

**FILED** Jan 29, 2022 **Secretary of State** 8394190948CC

### **Current Principal Place of Business:**

341 BAY ST. OZONA, FL 34660

## **Current Mailing Address:**

POST OFFICE BOX 81 **OZONA. FL 34660** 

FEI Number: 59-2419863 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SMITH, BRIAN 341 BAY STREET OZONA, FL 34660 US

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: BRIAN SMITH 01/29/2022

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title

SMITH, BRIAN GREEN, DENNIS Name Name PO BOX 6646 P.O.BOX 81 Address Address

City-State-Zip: OZONA FL 34660 OZONA FL 34660 City-State-Zip:

Title **TREASURER** Title **SECRETARY** Name WIESNER, JIM Name GREEN, DONNA Address **PO BOX 743** Address PO BOX 81

OZONA FL 34660 City-State-Zip: City-State-Zip: OZONA FL 34660

**BOARD MEMBER** Title Title **BOARD MEMBER** Name LONGEN, JULIE WHITE, SUSAN Name Address **PO BOX 81** Address 374 NORTH CAROLINA City-State-Zip: OZONA FL PALM HARBOR FL 34683

Title **BOARD MEMBER** Title **BOARD MEMBER** Name GUARINO, TODD ENNIS, DAVE Name **PO BOX 81** Address PO BOX 81 Address

City-State-Zip: OZONA FL 34660 OZONA FL 34660 City-State-Zip:

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I hereby 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 all other like empowered.

01/29/2022 SIGNATURE: BRIAN SMITH **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title BOARD MEMBER
Name RIEBEN, CONNIE

Address PO BOX 744

City-State-Zip: OZONA FL 34660