

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03610

**Entity Name:** OZONA VILLAGE IMPROVEMENT SOCIETY, INC.

**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  
232 PINECREST DRIVE  
PALM HARBOR, FL 34683 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, BRIAN  
Address        PO BOX 6646  
City-State-Zip: OZONA FL 34660

Title            VP  
Name            EVE, JON  
Address        P.O. BOX 188  
City-State-Zip: OZONA FL 34660

Title            SECRETARY  
Name            VACANT, VACANT  
Address        PO BOX 81  
City-State-Zip: OZONA FL 34660

Title            TREASURER  
Name            DEKALB, PETE  
Address        409 ORCHID LANE  
City-State-Zip: PALM HARBOR FL 34683

Title            BOARD MEMBER  
Name            WHITE, SUSAN  
Address        374 NORTH CAROLINA  
City-State-Zip: PALM HARBOR FL 34683

Title            BOARD MEMBER  
Name            PIOTROWSKY, SAGE  
Address        PO BOX 341  
City-State-Zip: OZONA FL 34660

Title            BOARD MEMBER  
Name            WIESNER, JIM  
Address        PO BOX 743  
City-State-Zip: OZONA FL 34660

Title            BOARD MEMBER  
Name            CHOATE, DOTTE  
Address        388 NORTH CAROLINA  
City-State-Zip: PALM HARBOR FL 34683

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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.*

**SIGNATURE:** BRIAN SMITH

**PRESIDENT**

**02/08/2013**

\_\_\_\_\_  
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