## **2021 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 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 02/02/2021

Electronic Signature of Registered Agent

Date

FILED Feb 02, 2021

**Secretary of State** 

9158074067CC

#### Officer/Director Detail:

Title	PRESIDENT	Title	VP

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

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

TitleSECRETARYTitleTREASURERNameGREEN, DONNANameWIESNER, JIMAddressPO BOX 81AddressPO BOX 743

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

TitleBOARD MEMBERTitleBOARD MEMBERNameENNIS, DAVENameGUARINO, TODDAddressPO BOX 81AddressPO BOX 81

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

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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 02/02/2021

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