

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704972

FILED
Feb 27, 2008
Secretary of State

Entity Name: OCEANSIDE GOLF AND COUNTRY CLUB INC

Current Principal Place of Business:

75 NORTH HALIFAX AVENUE
ORMOND BCH, FL 321750367 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 367
ORMOND BCH, FL 321750367 US

New Mailing Address:

FEI Number: 59-1004935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASKELL, THOMAS A
75 N HALIFAX DRIVE
ORMOND BEACH, FL 32176 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: LENNARTZ, JOE
Address: 4 PINE BLUFF TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GUINDI, SHERIFF
Address: 53 CHOCTAW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: SNELL, GREG
Address: 427 TRITON ROAD
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: LINDAHL, BRIAN
Address: 2300 N. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: P () Delete
Name: GAILEY, TRUMAN JR
Address: 936 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: BULKO, KEITH
Address: 63 LOQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DUVA, CHUCK DR.
Address: 9 DEERSKIN LN.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change () Addition
Name: WOOD, JAMES
Address: 209 PLEASANT VALLEY DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S (X) Change () Addition
Name: UPCHURCH, JOHN
Address: 474 TRITON ROAD
City-St-Zip: ORMOND BEACH, FL 32176

Title: P (X) Change () Addition
Name: LINDAHL, BRIAN
Address: 2300 N. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Change () Addition
Name: LIEBELT, STEWART
Address: 204 RIVER BLUFF DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: V (X) Change () Addition
Name: BULKO, KEITH
Address: 63 LOQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: THOMAS HASKELL

Electronic Signature of Signing Officer or Director

MR.

02/27/2008

Date