

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 766389**

1. Entity Name

OCEANSIDE 99 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**99 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176**

Mailing Address

**99 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**GOODWIN, MORRIS
TJW MANAGEMENT CO, INC
150 DUNDEE ROAD, SUITE B
DAYTONA BEACH FL 32118**

8. 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

Morris Goodwin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM BECHT	
STREET ADDRESS	99 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	PULLIAM, CHARLES	
STREET ADDRESS	99 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LESQUIER, HERB	
STREET ADDRESS	5326 EGGLESTON AVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BOEDICKER, RICHARD	
STREET ADDRESS	1866 SEPALWOOD CT	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLTZCLAW, JM	
STREET ADDRESS	99 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> Delete
NAME	WADSWORTH, DELORES	
STREET ADDRESS	RT 2 BOX 3744	
CITY-ST-ZIP	PALATKA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Morris Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

604-788-4546
1-30-01**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91333 044 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2246621** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E037 (10/00)