

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 018 ****70.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2246621

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAM BECHT
STREET ADDRESS 99 S ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE VP ☐ Delete
NAME KRETSOR, EDWIN
STREET ADDRESS 99 S ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE D ☐ Delete
NAME LESQUIER, HERB
STREET ADDRESS 5326 EGGLESTON AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Delete
NAME BOEDICKER, RICHARD
STREET ADDRESS 313 W FRENCH AVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE P ☐ Delete
NAME HOLTZCLAW, JM
STREET ADDRESS 99 S ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE TS ☒ Delete
NAME WADSWORTH, DELORES
STREET ADDRESS 485 S GREENWAY DR
CITY-ST-ZIP PORT ORANGE FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Carolyn W. Cerio, ST.
STREET ADDRESS 99 S Atlantic Ave.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☒ Change ☐ Addition
NAME EDWIN KRETSOR, VP
STREET ADDRESS 99 S. Atlantic Ave.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☒ Addition
NAME Walter Nettles, D.
STREET ADDRESS 99 S. Atlantic Ave.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04