


FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704972** (9)

1. Corporation Name

OCEANSIDE GOLF AND COUNTRY CLUB INC



Principal Place of Business 75 NORTH HALIFAX AVENUE P.O. BOX 367 ORMOND BCH FL 32175-0367	Mailing Address 75 NORTH HALIFAX AVENUE P.O. BOX 367 ORMOND BCH FL 32175-0367
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3. Date Incorporated or Qualified 12/28/1962	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1004935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PLISHKA, KLAUS 75 N HALIFAX DRIVE ORMOND BEACH FL 32176	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, JAMES D	
STREET ADDRESS	344 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DARGAN, THOMAS	
STREET ADDRESS	61 ALBERTA AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILKEY, KENNETH	
STREET ADDRESS	2720 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMMONS, JAMES	
STREET ADDRESS	280 HALIFAX	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANWERT, DIANE	
STREET ADDRESS	2852 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANFRAU, PHILIP	
STREET ADDRESS	16 FERNERY TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DARGAN, THOMAS	
1.3 STREET ADDRESS	75 N HALIFAX DR	
1.4 CITY-ST-ZIP	ORMOND BCH, FL 32176	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIMMONS, JAMES	
2.3 STREET ADDRESS	75 N. HALIFAX DR	
2.4 CITY-ST-ZIP	O.B. FL 32176	
3.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	←	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLANFORD, MARK	
4.3 STREET ADDRESS	75 N. HALIFAX DR	
4.4 CITY-ST-ZIP	O.B. FL 32176	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL TURNER	
5.3 STREET ADDRESS	75 N. HALIFAX DR	
5.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS	←	
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Klaus Pliska 5/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003489

CR2E037 (9/96)