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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
75 NORTH HALIFAX AVENUE P.O. BOX 367 ORMOND BCH FL 32175-0367	75 NORTH HALIFAX AVENUE P.O. BOX 367 ORMOND BCH FL 32175-0367

2. Principal Place of Business	2a. Mailing Address
21 75 North Halifax Avenue	2a P.O. Box 367
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ormond Beach, FL	28 City & State Ormond Beach, FL
24 Zip 32176	29 Zip 32175
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 12/28/1962	
4. FEI Number 59-1004935	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P NAME DARGAN, THOMAS STREET ADDRESS 75 N HALIFAX DR CITY-ST-ZIP ORMOND BEACH FL	1.1 TITLE P 1.2 NAME Mark O. Blanford 1.3 STREET ADDRESS 27 Bulow Woods Circle 1.4 CITY-ST-ZIP Flagler Beach, FL 32136
2.1 TITLE VD NAME SIMMONS, JAMES STREET ADDRESS 75 N HALIFAX DR CITY-ST-ZIP ORMOND BEACH FL	2.1 TITLE D 2.2 NAME Jean Falkowski 2.3 STREET ADDRESS 9 River Ridge Trail 2.4 CITY-ST-ZIP Ormond Beach, FL 32174
3.1 TITLE T NAME GILKEY, KENNETH STREET ADDRESS 2720 S PENINSULA DR CITY-ST-ZIP DAYTONA BEACH FL	3.1 TITLE S 3.2 NAME Kenneth Gilkey 3.3 STREET ADDRESS 120 John Anderson Drive 3.4 CITY-ST-ZIP Ormond Beach, FL 32176
4.1 TITLE S NAME SIMMONS, JAMES STREET ADDRESS 200 HALIFAX CITY-ST-ZIP ORMOND BEACH FL	4.1 TITLE D 4.2 NAME Connie Foley 4.3 STREET ADDRESS 427 Triton Road 4.4 CITY-ST-ZIP Ormond Beach, FL 32176
5.1 TITLE D NAME TURNER, BILL STREET ADDRESS 75 W. HALIFAX DR CITY-ST-ZIP ORMOND BEACH FL	5.1 TITLE T 5.2 NAME Bill Turner 5.3 STREET ADDRESS 1207 Oak Forest Drive 5.4 CITY-ST-ZIP Ormond Beach, FL 32176
6.1 TITLE D NAME CHANFRAU, PHILIP STREET ADDRESS 16 FERNERY TRAIL CITY-ST-ZIP ORMOND BEACH FL	6.1 TITLE V 6.2 NAME Philip Chanfrau 6.3 STREET ADDRESS 16 Fernery Trail 6.4 CITY-ST-ZIP Ormond Beach, FL 32176

14. 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 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: 

CP2E037 (10/97)