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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704972

1. Corporation Name

OCEANSIDE GOLF AND COUNTRY CLUB INC

Principal Place of Business

75 NORTH HALIFAX AVENUE
ORMOND BCH FL 32175-0367
US

Mailing Address

P.O. BOX 367
ORMOND BCH FL 32175-0367
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/28/1962

4. FEI Number

59-1004935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PLISHKA, KLAUS
75 N HALIFAX DRIVE
ORMOND BEACH FL 32176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLANFORD, MARK O	
STREET ADDRESS	27 BULOW WOODS CIR	
CITY-ST-ZIP	FLGLER BEACH FL 32136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALKOWSKI, JEAN	
STREET ADDRESS	9 RIVER RIDGE TRL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILKEY, KENNETH	
STREET ADDRESS	120 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, CONNIE	
STREET ADDRESS	427 TRITON RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TURNER, BILL	
STREET ADDRESS	1207 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input checked="" 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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark O Blanford	
1.3 STREET ADDRESS	27 Bulow Woods Cir	
1.4 CITY-ST-ZIP	37 Agler Bch, Fl 32136	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Belfore	
2.3 STREET ADDRESS	1311 Oak Forest Dr	
2.4 CITY-ST-ZIP	Ormond Beach, Fl 32174	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bob Mahaffey	
3.3 STREET ADDRESS	120 Fairway Dr	
3.4 CITY-ST-ZIP	Ormond Beach, Fl 32176	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Connie Foley	
4.3 STREET ADDRESS	427 Triton Rd	
4.4 CITY-ST-ZIP	Ormond Beach, Fl 32176	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bill Turner	
5.3 STREET ADDRESS	1207 Oak Forest Dr	
5.4 CITY-ST-ZIP	Ormond Beach, Fl 32176	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Peter Keener	
6.3 STREET ADDRESS	523 N. Halifax Dr.	
6.4 CITY-ST-ZIP	Daytona Beach, Fl 32118	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

(904) 677-7000

CR2E037 (1/98)