

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 035 ****61.25

DOCUMENT # 704972

1. Entity 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**

50024703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1004935

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASKELL, THOMAS A
75 N HALIFAX DRIVE
ORMOND BEACH, FL 32176**

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

**Filing Fee is \$61.25
Due by May 1, 2005.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **LENNARTZ, JOE**
STREET ADDRESS **4 PINE BLUFF TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **P** ☒ Change ☐ Addition
NAME **LENNARTZ, JOE**
STREET ADDRESS **4 PINE BLUFF TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **T** ☐ Delete
NAME **BOONE, GEORGE**
STREET ADDRESS **1087 HAMPSTAD LANE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **VP** ☐ Change ☒ Addition
NAME **SIMPSON, CLAIR**
STREET ADDRESS **175 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **S** ☒ Delete
NAME **VIRKLER, LYNN**
STREET ADDRESS **30 JILL-ALLISON CIR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **S** ☒ Change ☐ Addition
NAME **HARVEY, DAN**
STREET ADDRESS **3 OCEANS WEST BLVD**
CITY-ST-ZIP **DAYTONA BEACH SHORE, FL 32118**

TITLE **D** ☐ Delete
NAME **RAMSHAW, DAVID**
STREET ADDRESS **1516 N. ATLANTIC AVE.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **D** ☐ Change ☒ Addition
NAME **GUINDI, SHEAFF**
STREET ADDRESS **53 CHOCTAW TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Delete
NAME **HARVEY, DAN**
STREET ADDRESS **3 OCEAN WEST BLVD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **D** ☐ Change ☒ Addition
NAME **Gailey, TRUMAN**
STREET ADDRESS **936 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **V** ☒ Delete
NAME **LECOMPHE, JOE**
STREET ADDRESS **2560 S. PENINSULA DR**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **D** ☐ Change ☒ Addition
NAME **SMITH, GREG**
STREET ADDRESS **357 N. BEACH STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

23 Feb 05

Date

386 767-0716

Daytime Phone #