
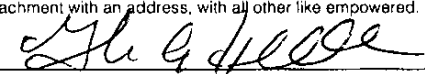


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 014 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1004935 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HASKELL, THOMAS A 75 N HALIFAX DRIVE ORMOND BEACH, FL 32176 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D LENNARTZ, JOE 4 PINE BLUFF TRAIL ORMOND BEACH, FL 32174 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Sheriff Guirdi 53 Choctaw Trail ORMOND BEACH, FL 32174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOONE, GEORGE 1087 HAMPSTAD LANE ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Brian Lindahl 2300 N. ATLANTIC AVE DAYTONA BEACH, FL 32118 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SNELL, GREG 427 TRITON ROAD ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOE GRUBER 28 Old Canyon Lane ORMOND BEACH, FL 32174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMSHAW, DAVID 1516 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Keith Bulko 63 Coquina Ridge Way ORMOND BEACH, FL 32174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GAILEY, TRUMAN JR 936 JOHN ANDERSON DR ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Stewart Liebelt 304 River Bluff Drive ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SIMPSON, CLAIR 175 JOHN ANDERSON DR ORMOND BEACH, FL 32176 | <input checked="" type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | Date 4-30-07 Daytime Phone # 376-677-7200 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT

Page 2

D
John Upchurch
474 Triton Road
Ormond Beach, Fl 32176

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James Wood
209 Pleasant Valley Drive
Daytona Beach, Fl 32114

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