## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704972** 

Feb 27, 2008 Secretary of State

Entity Name: OCEANSIDE GOLF AND COUNTRY CLUB INC

**Current Principal Place of Business: New Principal Place of Business:** 

75 NORTH HALIFAX AVENUE ORMOND BCH, FL 321750367 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 367

ORMOND BCH, FL 321750367 US

FEI Number: 59-1004935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASKELL, THOMAS A 75 N HALÍFAX DRIVE ORMOND BEACH, FL 32176 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete LENNARTZ, JOE DUVA, CHUCK DR. Name: Name: 4 PINE BLUFF TRAIL Address: 9 DEERSKIN LN. Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete Title: (X) Change ( ) Addition GUINDI, SHERIFF Name: WOOD, JAMES Name:

Address: 53 CHOCTAW TRAIL Address: 209 PLEASANT VALLEY DR. City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete Title: (X) Change ( ) Addition SNELL, GREG UPCHURCH, JOHN Name: Name:

Address: 427 TRITON ROAD Address: 474 TRITON ROAD

City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Delete Title: (X) Change ( ) Addition Name: LINDAHL, BRIAN Name: LINDAHL, BRIAN

2300 N. ATLANTIC AVE Address: Address: 2300 N. ATLANTIC AVE City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Delete Title: (X) Change ( ) Addition

GAILEY, TRUMAN JR LIEBELT, STEWART Name: Name: 936 JOHN ANDERSON DR 204 RIVER BLUFF DR. Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change ( ) Addition

BULKO, KEITH BULKO, KEITH Name: Name: Address: 63 LOQUINA RIDGE WAY Address: 63 LOQUINA RIDGE WAY ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HASKELL MR. 02/27/2008