

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704972

FILED
Mar 08, 2010
Secretary of State

Entity Name: OCEANSIDE GOLF AND COUNTRY CLUB INC

Current Principal Place of Business:

75 NORTH HALIFAX AVENUE
ORMOND BCH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 367
ORMOND BCH, FL 32175 US

New Mailing Address:

FEI Number: 59-1004935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: GRANT, CHARLES MR.
Address: 150 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: S
Name: FOSTER, MARY MRS.
Address: 119 SHADY BRANCH TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: COLLINS, BONNIE MRS.
Address: 220 RIVER BLUFF DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: BLANFORD, MARK MR.
Address: 27 BULOW WOODS CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D
Name: RYAN, KENT MR.
Address: 800 LAMBERT AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: P
Name: LOUCKS, WILLIAM MR.
Address: 410 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. HASKELL

MR.

03/08/2010

Electronic Signature of Signing Officer or Director

Date