

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704972

**Entity Name:** OCEANSIDE GOLF AND COUNTRY CLUB, INC.**Current Principal Place of Business:**75 NORTH HALIFAX DRIVE  
ORMOND BEACH, FL 32176**Current Mailing Address:**75 N. HALIFAX DRIVE  
ORMOND BCH, FL 32176 US**FEI Number:** 59-1004935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEARD, TARA C  
75 N HALIFAX 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:** TARA C. HEARD

01/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BRYAN, TARA  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title TREASURER  
Name HEWITT, MATTHEW  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title PRESIDENT  
Name JACK, STEVE  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name DELAROCHE, STEVEN  
Address 75 N. HALIFAX DRIVE  
City-State-Zip: ORMOND BCH FL 32176

Title VP  
Name GURTIS, ANDREW  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name CARLEY, JIM  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name STRCULA, ROGER  
Address 75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name HEASTER, LEWIS  
Address 75 N. HALIFAX DRIVE  
City-State-Zip: ORMOND BCH FL 32176

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*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:** TARA BRYAN**SECRETARY**

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	JOBALIA, ANAND
Address	75 N. HALIFAX DRIVE
City-State-Zip:	ORMOND BCH FL 32176