

2018 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

02/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

Title DIRECTOR
Name SMITH, JAMES
Address 75 NORTH HALIFAX DRIVE
City-State-Zip: ORMOND BEACH 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: FRANK JOHNSON

PRESIDENT

02/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	WILSON, ROBERT
Address	75 N. HALIFAX DRIVE
City-State-Zip:	ORMOND BCH FL 32176