

**2020 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****03/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            TREASURER  
Name           WELCH, RYAN  
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            VP  
Name           EGGERS, JOSEPH  
Address        75 NORTH HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title            DIRECTOR  
Name           TOLLAND, CHRISTOPHER  
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           JACK, STEVE  
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: JOSEPH MIRANTE****PRESIDENT****03/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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