

**2019 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

02/13/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MIRANTE, JOSEPH  
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 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 DIRECTOR  
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

**Continues on page 2**

*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:** ROBERT WILSON

TREASURER

02/13/2019

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