

**2013 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:**P.O. BOX 367  
ORMOND BCH, FL 32175 US**FEI Number:** 59-1004935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, WENDY S  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name KENNEDY, DENISE  
Address 1236 KILLARNEY DR.  
City-State-Zip: ORMOND BEACH FL 32174

Title PRESIDENT  
Name ARNOLD, KATHRYN  
Address 11 OSCELOT CT.  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name SCHODER, ANTHONY JR.  
Address 605 SOUTH RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title HOUSE CHAIRMAN  
Name CHANFRAU, MUFFI  
Address 226 COUNTRY CLUB DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name WEITE, JAMES  
Address 1 CREEK BEND WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER  
Name BANKER, RICK  
Address 64 COUNTRY CLUB DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name MANNE, BRUCE  
Address 1531 OAK FOREST DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title TENNIS CHAIRMAN  
Name MIRANTE, JOE  
Address 202 RIVERSIDE 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:** KATHRYN ARNOLD**PRESIDENT****03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CONNORS, GARY
Address	970 JOHN ANDERSON DRIVE
City-State-Zip:	ORMOND BEACH FL 32176