

2015 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

03/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

Title DIRECTOR
Name KULZER, MICHAEL
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: MARY CHANFRAU

PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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