

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766389

Entity Name: OCEANSIDE 99 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**99 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176**Current Mailing Address:**99 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176**FEI Number:** 59-2246621**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, MORRIS
TJW MANAGEMENT CO, INC
150 DUNDEE ROAD, SUITE B
DAYTONA BEACH, FL 32118 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	D
Name	THOMAS, ROBERT
Address	99 S ATLANTIC AVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	VP
Name	KRETZER, EDWIN
Address	99 S ATLANTIC AVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	S
Name	ANGLEY, DONNA
Address	99 S. ATLANTIC AVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	P
Name	HOLTZCLAW, JM
Address	99 S ATLANTIC AVE
City-State-Zip:	ORMOND BEACH FL

Title	D
Name	HARRIS, CLYDE
Address	99 S. ATLANTIC AVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	TREASURER
Name	SMITH, PHYLLIS
Address	99 SOUTH ATLANTIC AVENUE
City-State-Zip:	ORMOND BEACH FL 32176

Title	DIRECTOR
Name	SINGLEY, JERRY
Address	99 SOUTH ATLANTIC AVE.
City-State-Zip:	ORMOND BEACH FL 32176

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: JM HOLTZCLAW**PRESIDENT****04/07/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date