FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	DIVISION OF CO	DRPORATIONS	Secretary	or State
DOCU 1. Corporation	MENT # 71873	31 (3)			
ORMOND-BY-THE-SEA ASSOCIATION, INC.					
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Principal Plac	on of Puninana	Mailing Address)
·					
1601 OCEANSHORE BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176				3. Date Incorporated or Qualified 06/23/1970	
				4. FEI Number 59-2314359	Applied For Not Applicable
2. Principal P	Place of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeown	ers association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	293	_	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	24	10. Name and Address of New Registere	d Agent
IAOVIA	IN DICHARD MOD		81 Name		
JACKMAN, RICHARD MGR. 1601 OCEAN SHORE BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
#103			63		
	D BE ACH FL 32187		84 City		85 Zip Code
				F	<u> </u>
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the State	i02 and 617.1508, Florida Statutes ie of Florida. Such change was au	, the above-named corp thorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	im familiar with, and accept the obli	gations of, Section 617.0503, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD MCLELLAN, JOHN	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	455 HOLLY HILL ROAD		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 33677		1.4 CITY-ST-ZIP		
TITLE	80	☐ DELETE	2.1 TITLE		Change Addition
NAME	B RADSHAW, HAROLD		2.2 NAME	•	
STREET ADDRESS	504 SILO VIEW COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK GA 30188	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME	ROBERTS, WILLIAM		3.1 TITLE 3.2 NAME		C outlings C Podutou
STREET ADDRESS	1801 OCEANSHORE BLVD.,	#106	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		3.4. CITY-ST-ZIP		·
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZIP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	*.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Mar 06 1998 8:00am