

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90151 030 ****61.25

DOCUMENT # 718731

1. Corporation Name

ORMOND-BY-THE-SEA ASSOCIATION, INC.

Principal Place of Business:

1601 OCEANSHORE BLVD.
ORMOND BEACH FL 32176

Mailing Address

1601 OCEANSHORE BLVD.
ORMOND BEACH FL 32176



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	06/23/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	-59-2314359
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
3	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
1	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

JACKMAN, RICHARD MGR.
1601 OCEAN SHORE BLVD.
#103
ORMOND BEACH FL 32187

10. Name and Address of New Registered Agent

81 Name Joan Ferguson
82 Street Address (P.O. Box Number is Not Acceptable) 1601 Ocean Shore Blvd #103
83
84 City Ormond Beach FL 85 Zip Code 32186

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCLELLAN, JOHN 455 HOLLY HILL ROAD OLDSMAR FL 33677 [X] DELETE	1.1 TITLE	PD Bradshaw, Harold 504 Silo View Court Woodstock, GA 30188 [X] Change [] Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
TY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD BRADSHAW, HAROLD 504 SILO VIEW COURT WOODSTOCK GA 30188 [X] DELETE	2.1 TITLE	SD Julius Hobbs 2002 Dorene Drive Plant City, FL 33566 [X] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD ROBERTS, WILLIAM 1601 OCEANSHORE BLVD., #106 ORMOND BEACH FL 32176 [X] DELETE	3.1 TITLE	TD HUFFAKER, Hugh 7 Hidden Brook Ln Signal Mountain, TN 37337 [X] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/99

Daytime Phone #

CR2E037 (5/99)