

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-07-2007 90049 043 ****61.25

DOCUMENT # 720707 1. Entity Name O.B. SURFSIDE CLUB, SOUTH, CORP., INC.					
Principal Place of Business 1133 OCEAN SHORE BLVD ORMOND BCH FL 32176		Mailing Address 1133 OCEAN SHORE BLVD ORMOND BCH FL 32176			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1401023	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, WAYNE 1133 OCEAN SHORE BLVD. ORMOND BEACH FL 32176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signified required when re-signing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KING, JERRY 955 FIELD CHAPEL RD CANTON GA 30114	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Gerald Barkholz 1133 Ocean Shore Blvd. #1104 Ormond Beach, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SEDBERRY, BRUCE 114 SUNSET DR. ANNAPOLIS MD 21403	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Paul Townley 1133 OceanShore Blvd. #101 Ormond Beach, FL 32176	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BORCK, GARY 72-EXETER RD NEW HAMPTON NH 03859	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D John Nevin III 2821 Estates Lane Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCGILVARY, MICHAEL 4 BROOK CREST WY ORMOND BEACH FL 32174	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D John Nevin III 2821 Estates Lane Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MORGAN, DAVID 1133 OCEAN SHORE BLVD #1106 ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D John Nevin III 2821 Estates Lane Jacksonville, FL 32257	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T MATHWICH, MARY 1133 OCEAN SHORE BLVD #1002 ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D John Nevin III 2821 Estates Lane Jacksonville, FL 32257	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary J Mathwich</u> <u>2/20/2007</u> <u>386-441-1443</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					