FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732763** **(8)**

1. Corporation Name

OCEAN INLET YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2100 N. PENINSULA AVE. NEW SMYRNA BEACH FL 32169	C/O OCEAN PROPERTIES 4160 S. ATLANTIC AVENUE NEW SMYRNA BCH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1975
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1672772 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: c/o Beachside Rlty Mgmt Grp
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: 2100 N Peninsula Ave
23 City & State	28 City & State: New Smyrna Beach, FL
24 Zip / 25 Country	29 Zip: 32169 / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, WILLIAM 147 VARIETY TREE CIRCLE ALTAMONTE SPRINGS FL 32169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William Miller William Miller, Pres. 4/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	STD	☒ Change ☐ Addition
NAME	MALLORY, NANCY	12 NAME	DUVAL, EDNA	
STREET ADDRESS	2994 GOLDEN VIEW LN.	13 STREET ADDRESS	2100 N PENINSULA #109A	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILLIAM	22 NAME		
STREET ADDRESS	147 VARIETY TREE CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	CORDY, HAL	32 NAME	FISCHER, TODD KENNETH	
STREET ADDRESS	2100 N. PENINSULA AVE.	33 STREET ADDRESS	2100 N PENINSULA #214B	
CITY-ST-ZIP	NEW SMYRNA BCH FL	34 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		41 TITLE	SIARKIEWICZ, EDMUND (D)	☐ Change ☒ Addition
NAME		42 NAME	2100 N PENINSULA	
STREET ADDRESS		43 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	(D) MCCLELLAND, KERMIT	☐ Change ☒ Addition
NAME		52 NAME	2100 N PENINSULA	
STREET ADDRESS		53 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William Miller William Miller, Pres. 4/15/95 904-423-4402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000440