

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 BEACHSIDE RLTY MGT GROUP
2100 N PENINSULA AVE
NEW SMYRNA BEACH FL 32169
US

3. Date Incorporated or Qualified
05/14/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1672772

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

27

23

28

24

29

25

30

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 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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME MALLORY, NANCY
STREET ADDRESS 2994 GOLDEN VIEW LN.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

11 TITLE STD
12 NAME Edna Duval
13 STREET ADDRESS 2100 N. PENINSULA 109A
14 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

☐ Change ☒ Addition

TITLE PD
NAME MILLER, WILLIAM
STREET ADDRESS 147 VARIETY TREE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME FISCHER, TODD KENNETH
STREET ADDRESS 2100 N PENINSULA 214B
CITY-ST-ZIP NEW SMYRNA BCH FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME SIARKIEWICZ, EDMUND
STREET ADDRESS 2100 N PENINSULA
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCCLELLAND, KERMIT
STREET ADDRESS 2100 N PENINSULA
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Miller

3/14/96

904-1173-4402

CR2E037 (12/95)