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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32169-6000
US

3. Date Incorporated or Qualified

05/14/1975

3a. Date of Last Report

03/19/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME DUVAL, EDNA
STREET ADDRESS 210 N. PENINSULA 109A
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VP
1.2 NAME Fischer, Todd Kenneth
1.3 STREET ADDRESS 2100 N Peninsula Ave #214
1.4 CITY-ST-ZIP New Smyrna Beach FL

2.1 TITLE D
2.2 NAME McClelland Kermit
2.3 STREET ADDRESS 2100 N Peninsula #109
2.4 CITY-ST-ZIP New Smyrna Beach FL 32169

3.1 TITLE D
3.2 NAME Cordy Hal
3.3 STREET ADDRESS 2100 N Peninsula Ave #216
3.4 CITY-ST-ZIP New Smyrna Beach FL 32169

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *William R. McClelland* 4/23/97 407/331-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003121

CR2E037 (9/96)