

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90053 043 \*\*\*\*61.25

DOCUMENT # 732763

1. Corporation Name

OCEAN INLET YACHT CLUB CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

2100 N. PENINSULA AVE.  
NEW SMYRNA BEACH FL 32169

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/14/1975

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

9. Name and Address of Current Registered Agent

MILLER, WILLIAM  
147 VARIETY TREE CIRCLE  
ALTAMONTE SPRINGS FL 32169

10. Name and Address of New Registered Agent

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

TITLE VP  
NAME FISCHER, TODD K  
STREET ADDRESS 2100 N. PENINSULA AVE., #214  
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ DELETE

TITLE ST  
NAME EDDY, F. BUD  
STREET ADDRESS 2100 N PENINSULA AVE #105  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE P  
NAME MILLER, WILLIAM  
STREET ADDRESS 2100 N PENINSULA AVE #202  
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

☐ DELETE

TITLE D  
NAME MCFADDEN, LOIS  
STREET ADDRESS 2100 N PENINSULA AVE #304  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE D  
NAME FLORA, KRISTY  
STREET ADDRESS 2100 N PENINSULA AVE #101  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99

407 788 3011

0003151

CR2F037 (11/98)