

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732763

1. Entity Name

OCEAN INLET YACHT CLUB CONDOMINIUM ASSOCIATION,

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90037 030 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, WILLIAM
 147 VARIETY TREE CIRCLE
 ALTAMONTE SPRINGS FL 32169

Name DAVID B. Slaybaker
 Street Address (P.O. Box Number is Not Acceptable)
817 State Hwy A1A
 City N.S.B. FL Zip Code 32109

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.

SIGNATURE David B. Slaybaker
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE STD ☐ Change ☐ Addition
 NAME Todd Fisher
 STREET ADDRESS 2100 N. Peninsula Ave #214
 CITY-ST-ZIP N.S.B., FL 32169

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

TITLE PD ☐ Change ☐ Addition
 NAME Terri Chase
 STREET ADDRESS 2884 N. Morningside Court
 CITY-ST-ZIP Oviedo, FL 32765

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

TITLE ☐ Change ☐ Addition
 NAME Bill Miller
 STREET ADDRESS 147 Variety Tree Circle
 CITY-ST-ZIP Altamonte Springs, FL 32714

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

TITLE ☐ Change ☐ Addition
 NAME DVP
 James Ferrara
 STREET ADDRESS 2100 N. Peninsula Ave #106
 CITY-ST-ZIP N.S.B., FL 32169

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00
 Date

Daytime Phone #

CR2E037 (9/99)