

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90374 013 ****61.25

DOCUMENT # 732763

1. Entity Name
OCEAN INLET YACHT CLUB CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2100 N. PENINSULA AVE.
NEW SMYRNA BEACH, FL 32169

Mailing Address
60 BEACHSIDE RLTY MGT GROUP
2100 N PENINSULA AVE
NEW SMYRNA BEACH, FL 32169 US

44042488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2100 N. Peninsula Av

City & State

City & State
New Smyrna Bch FL

Zip

Country

Zip

Country

32169

01082004 Chg-NP

CR2E037 (10/03)

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

SLAYBACK, DAVO B
4175 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name PATTI A. Barker

Street Address (P.O. Box Number is Not Acceptable)

40 North Shore management Group

595 N. Nova Road #205

City

Ormond Beach

FL

Zip Code

32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patti Barker

4-15-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHASE, TERESA	
STREET ADDRESS	2100 N PENINSULA AVE., #212	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FERRARA, JAMES	
STREET ADDRESS	2100 N PENINSULA AVE., #106	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHASE, ROY	
STREET ADDRESS	2100 N PENINSULA AVE., #212	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DEBORAH	
STREET ADDRESS	2100 N PENINSULA AVE., #	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCFADDEN, LOIS	
STREET ADDRESS	2100 N PENINSULA #304	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Miller	
STREET ADDRESS	147 Variety Tree Circle	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. George Flora	
STREET ADDRESS	2100 N. Peninsula Ave. # 101	
CITY-ST-ZIP	New Smyrna Beach FL 32169	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferman (Bud) Eddy	
STREET ADDRESS	2100 N. Peninsula Ave # 301	
CITY-ST-ZIP	New Smyrna Beach FL 32169	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Soper	
STREET ADDRESS	1619 Rutledge Road	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	Secretary/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William R. Miller 4/15/04 4079702645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #