

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 763851 (3)

1. Corporation Name

OCEAN PALMS BEACH CLUB, INC.



Principal Place of Business

Mailing Address

2601 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH FL 32169-3421

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NEW SMYRNA BEACH FL 32169-3421

3. Date Incorporated or Qualified
06/22/1982

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TACK, JAMES P
2320 ESLINGER ROAD
LOT #93
NEW SMYRNA BEACH FL 32069

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

James P. Tack

James P. Tack

3/11/96

Signature of registered agent 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 VP
NAME POLOMSKY, ED
STREET ADDRESS P. O. BOX 538 N/A
CITY-ST-ZIP OVIEDO FL

☒ DELETE

1.1 TITLE P.D.
1.2 NAME Polonsky Charlene
1.3 STREET ADDRESS P.O. Box 588 - 700 E Chapman Rd
1.4 CITY-ST-ZIP Oviedo, FL

☐ Change ☒ Addition

TITLE D
NAME WHITE, CHARLES
STREET ADDRESS 601 JOE PITMAN RD
CITY-ST-ZIP SEVILLE FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME MCGEE, CLIFORD
STREET ADDRESS 1461 SOUTH U.S. 1
CITY-ST-ZIP OAK HILL FL

☐ DELETE

3.1 TITLE UPD
3.2 NAME McGee Clifford
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE STD
NAME PRICE, MICHELLE
STREET ADDRESS 2114 DIANE ST
CITY-ST-ZIP LAKELAND FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Charlene A. Polonsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

DATE

407-366-8915

DAYTIME PHONE #

CR2E037 (12/95)