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Feb 18, 1999 8:00am  
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NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1999



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

DOCUMENT # 763851

1. Corporation Name

OCEAN PALMS BEACH CLUB, INC.

Principal Place of Business

2601 SOUTH ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169-3421

Mailing Address

2601 SOUTH ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169-3421



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/22/1982

4. FEI Number

59-2280080

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

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

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

*James P. Tack*  
Signature typed or printed name of registered agent and title if applicable.

*James P. Tack*  
(NOTE: Registered Agent signature required when reinstating)

*GM*

*1/27/99*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
FUCHS, GARY M.  
STREET ADDRESS  
2230 GOLF ISLE DR. #703  
CITY-ST-ZIP  
MELBOURNE FL

TITLE ☐ DELETE

NAME  
POLOMSKY, CHARLENE  
STREET ADDRESS  
700 E CHAPMAN RD  
CITY-ST-ZIP  
OVIEDO FL

TITLE ☐ DELETE

NAME  
PRICE, MICHELLE  
STREET ADDRESS  
2114 DIANE ST  
CITY-ST-ZIP  
LAKE LAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

*Gary M Fuchs* 1-27-9 253-0951

Date

Daytime Phone #

CR2E037 (1/98)