

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766389

FILED
Apr 24, 2009
Secretary of State

Entity Name: OCEANSIDE 99 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

99 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

99 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2246621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, MORRIS
TJW MANAGEMENT CO, INC
150 DUNDEE ROAD, SUITE B
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAM BECHT
Address: 99 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL

Title: VP () Delete
Name: KRETSOR, EDWIN
Address: 99 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: ANGLE, DONNA
Address: 99 S. ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: CERIO, CAROLYN N
Address: 99 ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: HOLTZCLAW, JM
Address: 99 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: HARRIS, CLYDE
Address: 99 S. ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JM HOLTZCLAW

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date