

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 037 ****61.25

DOCUMENT # N94000000661

1. Entity Name
ORMOND OCEAN CLUB NORTH, INC.



Principal Place of Business
**855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US**

Mailing Address
**855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US**

40001038



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
58-1410438

Applied For
Not Applicable

Zip Country

Zip Country

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

**DURGIN, J PAUL
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176**

Name

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

City

FL

Zip Code

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

J. Paul Durgin Manager

1-4-06

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALDEN, WILLIAM
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
William Walden
SAMP** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KASTORY, RICHARD
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
PAUL FAMBRO
855 OCEAN SHORE BLVD
ORMOND BEACH FL 32176** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
AVERETT, JAMES
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VEAL, LEON
855 OCEANSHORE BLVD
ORMOND BEACH, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KANE, STAN
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ROBERT VARRBOROUGH
855 OCEAN SHORE BLVD.
ORMOND BEACH FL. 32176** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
REX, LARRY
855 OCEAN SHORES BLVD
ORMOND BEACH, FL 32176** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 A. Walden Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07 386-252-5024
Date Daytime Phone #