2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N94000000661

Entity Name: ORMOND OCEAN CLUB NORTH, INC.

Current Principal Place of Business:

855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 58-1410438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURGIN, J PAUL
855 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 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: P ( ) Delete
Name: WALDEN, WILLIAM
Address: 855 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: FAMBRO, PAUL
Address: 855 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete
Name: AVERETT, JAMES
Address: 855 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: VEAL, LEON
Address: 855 OCEANSHORE BLVD
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete
Name: VARBOROUGH, ROBERT
Address: 855 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete
Name: REX, LARRY
Address: 855 OCEAN SHORES BLVD
City-St-Zip: ORMOND BEACH, FL 32176

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: WILLIAM WALDEN P 01/05/2009

Electronic Signature of Signing Officer or Director — Date