SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003700 (1)**

1. Corporation Name
VOLUSIA OCEANFRONT/BEACHSIDE PROPERTY OWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1005 HILL STREET NEW SMYRNA BEACH FL 32619	1005 HILL STREET NEW SMYRNA BEACH FL 32619

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 32169
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAINTER, MARGARET B 1005 HILL STREET NEW SMYRNA BEACH FL 32619 32169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PAINTER, PEGGY	12 NAME	
STREET ADDRESS	1005 HILL STREET 32169	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32619	14 CITY-ST-ZIP	32169
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	O'SULLIVAN, GILLIAN	22 NAME	
STREET ADDRESS	1407 N ATLANTIC AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BRANDT, HARRY	32 NAME	
STREET ADDRESS	4711 VAN KLEECK	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PEATROSS, OSCAR	42 NAME	
STREET ADDRESS	1225 N ATLANTIC AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HUNTER, CONSTANCE	52 NAME	
STREET ADDRESS	1329 S ATLANTIC AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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.

SIGNATURE: PEGGIE PAINTER Peggy Painter 6/22/95 904-427-6881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001830