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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003700 (1)

1. Corporation Name

VOLUSIA OCEANFRONT/BEACHSIDE PROPERTY OWNERS, IN
C.

Principal Place of Business

Mailing Address

1005 HILL STREET
NEW SMYRNA BEACH FL 32169
US

1005 HILL STREET
NEW SMYRNA BEACH FL 32169-2801
US



3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number
NOT APPLICABLE

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

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 32169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P PAINTER, PEGGY
NAME
STREET ADDRESS 1005 HILL STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ST O'SULLIVAN, GILLIAN
NAME
STREET ADDRESS 1407 N ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D BRANDT, HARRY
NAME
STREET ADDRESS 4711 VAN KLEECK
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D PEATROSS, OSCAR
NAME
STREET ADDRESS 1225 N ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D HUNTER, CONSTANCE
NAME
STREET ADDRESS 1329 S ATLANTIC AVE
CITY-ST-ZIP PONCE INLET FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do 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.

SIGNATURE: Margaret B. Painter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-1997 9044276501
Date Daytime Phone 8003160

CR2E037 (9/96)