

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718731

**Entity Name:** ORMOND-BY-THE-SEA ASSOCIATION, INC.**Current Principal Place of Business:**1601 OCEANSHORE BLVD.  
ORMOND BEACH, FL 32176**Current Mailing Address:**1601 OCEANSHORE BLVD.  
ORMOND BEACH, FL 32176**FEI Number:** 59-2314359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIRKEL, EARL  
1601 OCEAN SHORE BLVD, #103  
ORMOND BEACH, FL 32176 US*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**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | LOCKWOOD, DANNY       |
| Address         | P.O. BOX 982          |
| City-State-Zip: | WESTMINISTER SC 29693 |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | GENTRY, RUTH             |
| Address         | 2868 JOHN ANDERSON DRIVE |
| City-State-Zip: | ORMOND BEACH FL 32176    |

|                 |                     |
|-----------------|---------------------|
| Title           | PD                  |
| Name            | HODNETT, MORRIS     |
| Address         | 6767 BLACK TWIG CT. |
| City-State-Zip: | RIVERDALE GA 30274  |

|                 |                    |
|-----------------|--------------------|
| Title           | VPD                |
| Name            | NEWTON, RON        |
| Address         | 911 ASHFORD COURT  |
| City-State-Zip: | BRENTWOOD TN 37027 |

|                 |                    |
|-----------------|--------------------|
| Title           | SD                 |
| Name            | COOPER, EMILY      |
| Address         | 4776 MASTERS COURT |
| City-State-Zip: | DULUTH GA 30096    |

|                 |                              |
|-----------------|------------------------------|
| Title           | TREASURER                    |
| Name            | MESERVE, JAMES               |
| Address         | 1601 OCEANSHORE BLVD.<br>225 |
| City-State-Zip: | ORMOND BEACH FL 32176        |

*I hereby 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 all other like empowered.*

**SIGNATURE: MORRIS HODNETT****MANAGER****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date