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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 748795

(2)

OCEAN SANDS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Malling Address 14950 GULF BLVD MADEIRA BEACH FL 33708 US MADEIRA BEACH FL 33738-8396						
2 Dringing F	Place of Business	US		3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last 03/28/1	
z. Principal P	race or business	2a. Mailing Address		4. FEI Number 59-2033384	→	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	Not Applicable 5 Additional Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.0	May Be
Zip	Country	28	T	Trust Fund Contribution	Adde	d to Fees
4	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s ☑ Yes ☐ No	. 199.032,
	9. Name and Address of Curren		130	10. Name and Address of New Re		7.
			81 Name			
GANO, (82 Street A	ddress (P.O. Box Number is Not Acceptable	a)	
	BULF BLVD			as los (i.e. box rainor is rac Acceptable	0)	
UNIT 60			63			
MADERIA	A BEACH FL 33708		84 City		- 85 Zi	p Code
44 5] -			
or registe	red agent, or both, in the state of Floric	i and 617.1508, Florida Statute 1a. Such channe was authoriza	es, the above-named cor	poration submits this statement for the purp	oose of changing its r	egistered office
				Mard of directors. I bereby account the above		
familiar w	ith, and accept the obligations of, Secti	ion 617,0503, Florida Statutes	ed by the corporation's b	loard of directors. Thereby accept the appoint	iritment as registered	ragent, ram
TEATTINICAL WA		ion 617,0503, Florida Statutes				ragent, ram
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NO	TE: Registered Agont signature req	jured when reinstating)	DATE	
SIGNATURE		and title if applicable. (NO	TE: Registered Agent signature req		DATE CERS AND DIRECTO	PRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable. (NO	TE: Registered Agont signature req 13. 1.1 TITLE	jured when reinstating)	DATE	
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oath; that I am an officer or director of the porporation 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 any attendment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 813-391-0944
Date Daytine Proces