

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748795 (2)
 1. Corporation Name
OCEAN SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 14950 GULF BLVD MADEIRA BEACH FL 33708 US	Mailing Address 14950 GULF BLVD P O BOX 6396 MADEIRA BEACH FL 33738-6396 US
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3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2033384	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GANO, GWEN
15000 GULF BLVD
UNIT 608
MADERIA BEACH FL 33708

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOSTER, KENNETH	
STREET ADDRESS	14950 GULF BLVD #1006	
CITY-ST-ZIP	MADEIRA BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMEROFF, NATHAN	
STREET ADDRESS	14950 GULF BLVD #501	
CITY-ST-ZIP	MADIERA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKENNEY, WAYNE	
STREET ADDRESS	15000 GULF BLVD. #508	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BILL HODER	
STREET ADDRESS	14950 GULF BLVD., #407	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GANO, GWEN	
STREET ADDRESS	15000 GULF BLVD #608	
CITY-ST-ZIP	MADERIA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Lohelani L. Turley
2.3 STREET ADDRESS	15000 Gulf Blvd #1002
2.4 CITY-ST-ZIP	Madeira Beach, FL 33708
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Kathy Schwanebeck
4.3 STREET ADDRESS	14950 Gulf Blvd #705
4.4 CITY-ST-ZIP	Madeira Beach, FL 33708
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gwen Gano* **3/2/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)