

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>14950 GULF BLVD MADEIRA BEACH FL 33708 US</b>	Mailing Address <b>14950 GULF BLVD P O BOX 6396 MADEIRA BEACH FL 33738-6396 US</b>
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<b>3. Date Incorporated or Qualified</b> 09/05/1979	<b>3a. Date of Last Report</b> 04/17/1996
<b>4. FEI Number</b> 59-2033384	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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 **FL** **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:** *[Signature]* **DATE:** 3/21/97 **Daytime Phone #** 0051436

CR2E037 (9/96)