

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 8396 MADEIRA BEACH FL 33738-8396 US
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3. Date Incorporated or Qualified
09/05/1979

4. FEI Number
59-2033384

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOSTER, KENNETH 14950 GULF BLVD #1000 MADEIRA BCH. FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, LORELAN L 15000 GULF BLVD #1002 MADERIA BCH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNEY, WAYNE 15000 GULF BLVD #508 MADEIRA BCH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWANEBECK, KATHY 14950 GULF BLVD #705 MADEIRA BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

President GANO, GWEN 15000 GULF BLVD, UNIT 608 MADEIRA BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1ST VD George Klouda 14950 Gulf Blvd unit 1101 MADEIRA Beach, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2ND VD ANN CANNING 14950 Gulf Blvd unit 308 MADEIRA Beach FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD PAUL BIRKHORN 14950 GULF BLVD UNIT 907 MADEIRA BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 REQUIRED *[Signature]* Date: 1/30/98 Daytime Phone #: 391-0944

CR2E037 (10/97)