

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90049 017 ****61.25

DOCUMENT # 748795

1. Entity Name

OCEAN SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14950 GULF BLVD
 MADEIRA BEACH FL 33708
 US

14950 GULF BLVD
 P O BOX 8396
 MADEIRA BEACH FL 33738-8396
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2033384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GANO, GWEN	
STREET ADDRESS	15000 GULF BLVD UNIT 608	
CITY-ST-ZIP	MADEIRA BCH FL 33708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLOUDA, GEORJGE	
STREET ADDRESS	14950 GULF BLVD UNIT 1101	
CITY-ST-ZIP	MADIERA BCH FL 33708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, ROGER	
STREET ADDRESS	14950 GULF BVLVD UNIT 308	
CITY-ST-ZIP	MADERIA BCH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BIRKHAHN, PAUL	
STREET ADDRESS	14950 GULF BLVD UNIT 907	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOSTER, JUDY	
STREET ADDRESS	14950 GULF BLVD-#1006	
CITY-ST-ZIP	MADCIRA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	HAMILTON, Roger (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14950 GULF BLVD - UNIT 308	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY SCHWANEBECK	
STREET ADDRESS	14950 GULF BLVD UNIT 705	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

727/398/0944

Daytime Phone #