


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-11-2004 90032 032 ****61.25

DOCUMENT # 748795					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2033384	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANO, GWEN 15000 GULF BLVD UNIT 608 MADERIA BEACH FL 33708			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D KANIA, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE	George Klouda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14950 GULF BLVD #802		NAME	14950 Gulf Blvd # 1101	
STREET ADDRESS	MADERIA BEACH FL 33708		STREET ADDRESS	MADERIA Beach, FL 33708	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD HAMILTON, ROGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14950 GULF BVLD UNIT 308		NAME		
STREET ADDRESS	MADERIA BCH FL 33708		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD GORDON, MARSHA	<input checked="" type="checkbox"/> Delete	TITLE	William Langdon SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14950 GULF BLVD #708		NAME	15000 Gulf Blvd. # 808	
STREET ADDRESS	MADERIA BEACH FL 33708		STREET ADDRESS	MADERIA Beach, FL 33708	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD NEWAN, CLIFFORD	<input type="checkbox"/> Delete	TITLE	Nathan Hammeloff, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14950 GULF BLVD, #707		NAME	14950 Gulf Blvd #501	
STREET ADDRESS	MADERIA BEACH FL 33708		STREET ADDRESS	MADERIA Beach, FL 33708	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Roger L Hammeloff Pres.</i>		Date: 2-20-04		Daytime Phone #: (765) 366-0411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					