


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90050 045 ****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

40123689



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2033384

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LANGDON, WILLIAM
15000 GULF BLVD
#818
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | KANIA, RICHARD | |
| STREET ADDRESS | 14950 GULF BLVD #802 | |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GWEN, GANO | |
| STREET ADDRESS | 15000 GULF BLVD # 608 | |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LANGDON, WILLIAM | |
| STREET ADDRESS | 15000 GULF BLVD # 808 | |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | NEWAN, CLIFFORD | |
| STREET ADDRESS | 14950 GULF BLVD, #707 | |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HUBBARD, VINTIN | |
| STREET ADDRESS | 14950 GULF BLVD #1206 | |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>V. Chapman, Nancy</i> | |
| STREET ADDRESS | <i>14950 Gulf Blvd</i> | |
| CITY-ST-ZIP | <i>Madeira Beach, FL 33708</i> | |
| 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 | | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>S. Thierry Andrew</i> | |
| STREET ADDRESS | <i>15000 Gulf Blvd</i> | |
| CITY-ST-ZIP | <i>Madeira Beach, FL 33708</i> | |
| 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 exemptions contained in Chapter 119, 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: *Clifford J. Newman* **CLIFFORD J. NEWMAN** *7/5/07* **727-391-0944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #