

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 004 ****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**



02152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2033384

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHAPMAN, NANCY
14950 GULF BLVD
MADERIA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GWEN, GANO
15000 GULF BLVD # 608
MADERIA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LANGDON, WILLIAM
15000 GULF BLVD # 803
MADERIA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NEWAN, CLIFFORD
14950 GULF BLVD, #707
MADERIA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ANDREW, THIERRY
15000 GULF BLVD
MADERIA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

William Langdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

727-235-2150

Daytime Phone #