

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 718885

Entity Name: OCEAN SANDS, INC.

Current Principal Place of Business:

718 GOLDEN BEACH BLVD.
VENICE, FL 342850324

New Principal Place of Business:

Current Mailing Address:

718 GOLDEN BEACH BLVD.
VENICE, FL 342850324

New Mailing Address:

FEI Number: 59-2406869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGEMAN, CALLEN D
718 GOLDEN BEACH BLVD.
UNIT 9
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HAGEMAN, CALLEN
Address: 718 GOLDEN BEACH BLVD #9
City-St-Zip: VENICE, FL 34285

Title: PTD () Delete
Name: NORDSTRAND, BURT
Address: 718 GOLDEN BEACH BLVD #10
City-St-Zip: VENICE, FL 34285

Title: VPD () Delete
Name: UFER, KAREN
Address: 5861 SCIO CHURCH RD
City-St-Zip: ANN ARBOR, MI 48103

Title: SD () Delete
Name: BISCHOFF, STU
Address: 718 GOLDEN BEACH BLVD #7
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. CALLEN HAGEMAN

T

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date