


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90075 025 ****61.25

DOCUMENT # 755001			
1. Entity Name OCEAN SANDS SOUTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2725 HIGHWAY A1A INDIALANTIC FL 32903		Mailing Address 2725 HIGHWAY A1A INDIALANTIC FL 32903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50021275



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2471482		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, FRANCIS 6939 N WICKHAM ROAD MELBOURNE FL 32940		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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAGGER, ANTHONY 2725 N. HWY A1A UNIT 604 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICIA SHENTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2725 N. HWY A1A UNIT 301 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHENTON, PATRICIA 2725 N. HWY A1A UNIT 301 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TONY MARINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2725 N. HWY A1A UNIT 103 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARANTO, ROSE 2725 N. HWY A1A, UNIT 403 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURTON, SARA 2725 N. HWY A1A, UNIT 603 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, WILLIAM 2725 N. HWY A1A, UNIT 502 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDNA WHITTEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2725 N. HWY A1A UNIT 102 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rose Taranto* / ROSE TARANTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

777-1570

Daytime Phone #