

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 034 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-2471482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, FRANCIS
6939 N WICKHAM ROAD
MELBOURNE FL 32940

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, 2008

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	PD	<input type="checkbox"/> Delete
NAME	RANKIN, JAMES	
STREET ADDRESS	2725 N HWY A1A UNIT 505	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PONDER, VIRGIL	
STREET ADDRESS	2725 N. HWY A1A UNIT 602	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TARANTO, ROSE	
STREET ADDRESS	2725 N. HWY A1A, UNIT 403	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OGRADY, JAMES	
STREET ADDRESS	2725 N HWY A1A UNIT 405	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTEN, EDNA	
STREET ADDRESS	2725 N. HWY A1A UNIT 102	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No Change</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No Change</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No Change</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No Change</i>
STREET ADDRESS	
CITY-ST-ZIP	
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 Section 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:

Rose Taranto - ROSE TARANTO - TREAS 3/8/08 321-777-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.000

Corporate Form #