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Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759496 (3)
1. Corporation Name
OCEAN SOUND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
19900 BEACH ROAD 19900 BEACH ROAD
TEQUESTA FL 33469 TEQUESTA FL 33469-2876

3. Date Incorporated or Qualified 08/06/1981 3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2145893	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, EDWIN
19900 BEACH ROAD
TEQUESTA FL 33469

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	COHEN, EDWIN	1.2 NAME	
STREET ADDRESS	19900 BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	Change Addition
NAME	MUEHLMEIER, RUTH	2.2 NAME	
STREET ADDRESS	19900 BEACH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Change Addition
NAME	COULTER, JEANNE	3.2 NAME	
STREET ADDRESS	19900 BEACH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	Change Addition
NAME	PAULIC, ROBERT	4.2 NAME	
STREET ADDRESS	19900 BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	Change Addition
NAME	EDGETTE, JAMES	5.2 NAME	
STREET ADDRESS	19900 BEACH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)