

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05243

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: OCEAN SANDS BEACH CLUB, INC.

**Current Principal Place of Business:**

3208 HILL STREET, #111  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

3208 HILL STREET, #111  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-2942974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAIRCHILD MOSS MANAGEMENT, LLC  
1600 S FEDERAL HWY  
SUITE 970  
POMPANO BEACH, FL 33062 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: VD ( ) Delete  
Name: ROODE, LOWELL JR  
Address: 391 ALDERSGATE DR  
City-St-Zip: PORTAGE, MI 49024

Title: PD ( ) Delete  
Name: KIRKLAND, DAVID  
Address: 151 ASHLAND WAY NW  
City-St-Zip: KENNESAW, GA 30152

Title: SDT ( ) Delete  
Name: SLADKY, DAVE  
Address: 348 HILLSDALE CIRCLE  
City-St-Zip: WADSWORTH, OH 44281

Title: D ( ) Delete  
Name: BLAZER, JO ANN  
Address: 5359 BONITA DRIVE  
City-St-Zip: DELHI, OH 45238

Title: D ( ) Delete  
Name: SANFORD, MARY  
Address: 1486 ALAMEDA  
City-St-Zip: ST PAUL, MN 55117

**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:

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: JOHN GILBERT

MGR

04/07/2008

Electronic Signature of Signing Officer or Director

Date