2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05243

FILED Mar 23, 2009 Secretary of State

Entity Name: OCEAN SANDS BEACH CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2942974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FAIRCHILD MOSS MANAGEMENT, LLC 1600 S FEDERAL HWY SUITE 970 POMPANO BEACH, FL 33062 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ROODE, LOWELL JR Name: 391 ALDERSGATE DR Address:

City-St-Zip: PORTAGE, MI 49024

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

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

WADSWORTH, OH 44281

Title: () Delete Name: BLAZER, JO ANN 5359 BONITA DRIVE Address:

DELHI, OH 45238

Title: () Delete SANFORD, MARY Name:

City-St-Zip:

1486 ALAMEDA Address: City-St-Zip: ST PAUL, MN 55117 (X) Change () Addition

ROODE, LOWELL JR Name: Address: 3208 HILL ST., #111

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: (X) Change () Addition

Name: KIRKLAND, DAVID Address: 3208 HILL ST., #111

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SDT (X) Change () Addition

SLADKY, DAVE Name: Address: 3208 HILL ST., #111

City-St-Zip: NEW SMYRNA BEACH, FL 32169

(X) Change () Addition Title:

Name: BLAZER, JO ANN Address: 3208 HILL ST., #111

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: (X) Change () Addition

SANFORD, MARY Name: 3208 HILL ST., #111 Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 03/23/2009