


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006120
 1. Entity Name
 SANDLER AT ANDROS ISLE, INC.



Principal Place of Business _____ Mailing Address _____
 448 VIKING DRIVE, STE 220 448 VIKING DRIVE, STE 220
 VIRGINIA BEACH, VA 23452 VIRGINIA BEACH, VA 23452

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)
 4. FEI Number 54-1823320 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SANDLER, STEVEN B 1357 HARRIS ROAD VIRGINIA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANDLER, ARTHUR B 536 REDGATE AVENUE NORFOLK, VA
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04/04/05-80022-006 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  3/30/05 757-463-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #