

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757030

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE SANDS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2135817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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: VPD () Delete
Name: SIMPSON, LARRY
Address: 3102 OCELOT WAY 16-1
City-St-Zip: FORT PIERCE, FL 34949

Title: PD () Delete
Name: CUMPTON, ROBERT
Address: 3210 S LAKEVIEW CIR 201
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: JOHNSON, ROBERT
Address: 3308 CAEACAL DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: MARQUISETTE, DORETTA
Address: 3215 S. LAKEVIEW CIRCLE #3-303
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: SMITH, OLIVE
Address: 3251 LAKESHORE DR. #1
City-St-Zip: FT PIERCE, FL 34949

Title: SD () Delete
Name: FLEMING, KIP
Address: 2025 LUNX DR
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SIMPSON, LARRY
Address: 3102 OCELOT WAY #16-1
City-St-Zip: FORT PIERCE, FL 34949

Title: PD (X) Change () Addition
Name: CUMPTON, ROBERT
Address: 3210 S LAKEVIEW CIR #201
City-St-Zip: FORT PIERCE, FL 34949

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: ROBERT CUMPTON

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date