2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 725915

Entity Name: SANDS POINT CONDOMINIUM I, INC.

Current Principal Place of Business:

8361 SANDS POINT BLVD.
6261 NW 5WAY ZTE 20
TAMARAC, FL 33321

New Principal Place of Business:

8361 SANDS POINT BLVD.
TAMARAC, FL 33321

Current Mailing Address:

8361 SANDS POINT BLVD.
6261 NW 5WAY ZTE 20
TAMARAC, FL 33321

New Mailing Address:

8361 SANDS POINT BLVD.
TAMARAC, FL 33321

FEI Number: 59-1541639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, O.A.
6261 NW 6 WAY STE 103
FT LAUDERDALE, FL 33309 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: P (X) Delete
Name: MOREL, JOSE
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: VP ( ) Delete
Name: TANZER, ALLAN
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: S ( ) Delete
Name: SMITH, KEVIN
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: T ( ) Delete
Name: PALMIERE, MICHELE A
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

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:

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: MICHELE A. PALMIERE MS 04/28/2009

Electronic Signature of Signing Officer or Director — Date