

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90203 015 \*\*\*\*61.25

**DOCUMENT # 755922**

1. Entity Name  
**THE SANDS, A CONDOMINIUM, SECTION I  
ASSOCIATION, INC.**



Principal Place of Business  
**1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994 US**

Mailing Address  
**1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994 US**

40086262



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2135568**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MARQUISETTE, DORETTA  
STREET ADDRESS 3210S. LAKEVIEW CIR #202  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME SCHWARZ, JOHN  
STREET ADDRESS 3212 S. LAKEVIEW CIR  
CITY-ST-ZIP FT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CUMPTON, ROBERT  
STREET ADDRESS 3210 S. LAKEVIEW CIRCLE, #3-201  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HEAPHY, MICHAEL  
STREET ADDRESS 3218 S. LAKEVIEW CIRCLE, #7-201  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BARKMAN, RONALD  
STREET ADDRESS 3216 S LAKEVIEW CIR #5-202  
CITY-ST-ZIP FT. PIERCE, FL 34949

TITLE ☐ Change ☒ Addition  
NAME **DOMANS, GWEN**  
STREET ADDRESS **3207 S. LAKEVIEW CIR. # 202**  
CITY-ST-ZIP **FT. PIERCE, FL 34949**

TITLE D ☐ Delete  
NAME HEALY, ROY  
STREET ADDRESS 3210 S. LAKEVIEW CIRCLE, #3-203  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**DORETTA B. MARQUISETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/07**  
Date

**772-461-3491**  
Daytime Phone #