## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT Mar 17, 2008 8:00 am Secretary of State **DOCUMENT #755922** 03-17-2008 90001 004 \*\*\*\*61.25 THE SANDS, A CONDOMINIUM, SECTION I ASSOCIATION, INC. Principal Place of Business Mailing Address 2004044 1111 SE FEDERAL HWY 1111 SE FEDERAL HWY **STE 100 STE 100** STUART, FL 34994 STUART, FL 34994 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2135568 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) **STE 100** STUART, FL 34994 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Detete TITLE Change Addition MARQUISETTE, DORETTA MAME NAME 3210S. LAKEVIEW CIR #202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT PIERCE, FL 34949 CITY-ST-ZIP VPD Addition TITLE Delete TITLE SCHWARZ, JOHN NAME NAME STREET ADDRESS 3212 S. LAKEVIEW CIR STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34949 CITY-ST-ZIP TILE ☐ Delete TITLE Change Addition CUMPTON ROBERT NAME NAME STREET ADDRESS 3210 S. LAKEVIEW CIRCLE, #3-201 STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34949 CITY-ST-ZIF TITLE ☐ Delete ☐ Addition TITLE HEAPHY, MICHAEL NAME NAME 3218 S. LAKEVIEW CIRCLE, #7-201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34949 CITY-ST-ZIE Change TITLE ☐ Detete TITLE ☐ Addition TNOMANS, GWEN NAME NAME STREET ADDRESS 3207 S. LAKEV!EW CIR #203 STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34949 CITY-ST-ZIP AN SIN GER JOANN Change Addition TITLE Delete TITLE HEALY, ROY NAME 3210 S. LAKEVIEW CIRCLE, #3-203 STREET ADDRESS STREET ADDRESS DIERCE, FL 94949

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.

CITY-ST-ZIP

SIGNATURE:

FORT PIERCE, FL 34949

NATURE AND TYPED OF B. MARQUISETTE DORETTA

FILED

ATTACHMENT

AddITION - BARKMAN, ROWALD 3216 S. LAKEVIEW CIRCLE \* AUR Ft. DIERCE, FL 34949