

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755922

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2135568

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
STE 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: PD
Name: MARQUISETTE, DORETTA
Address: 3210S. LAKEVIEW CIR #202
City-St-Zip: FORT PIERCE, FL 34949

Title: TD
Name: SHEPARD, BETTY
Address: 3216 S. LAKEVIEW CIRCLE #203
City-St-Zip: FORT PIERCE, FL 34949

Title: VPD
Name: CUMPTON, ROBERT
Address: 3210 S. LAKEVIEW CIRCLE, #3-201
City-St-Zip: FORT PIERCE, FL 34949

Title: D
Name: BARKMAN, RONALD
Address: 3216 S. LAKEVIEW CIRCLE, #5-202
City-St-Zip: FORT PIERCE, FL 34949

Title: SD
Name: OMANS, GWEN
Address: 3207 S. LAKEVIEW CIR #203
City-St-Zip: FT. PIERCE, FL 34949

Title: D
Name: LANSINGER, JOAN
Address: 3209 S. LAKVIEEW CIRCLE #202
City-St-Zip: FORT PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: DORETTA MARQUISETTE

PRES

02/23/2010

Electronic Signature of Signing Officer or Director

_____ Date