

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755922

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** THE SANDS, A CONDOMINIUM, SECTION I 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  
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: VPD  
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: PD  
Name: MARCOUX, SUSAN  
Address: 3212 S. LAKEVIEW CIRCLE, #101  
City-St-Zip: FORT PIERCE, FL 34949

Title: D  
Name: LANSINGER, JOANN  
Address: 3209 S. LAKEVIEW CIRCLE, #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

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: SUSAN MARCOUX

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date