


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90273 029 \*\*\*\*61.25

<b>DOCUMENT # 757030</b> 1. Entity Name <b>THE SANDS COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>1274 NE BUSINESS PARKER</b> <b>JENSEN BEACH, FL 34957 US</b>		Mailing Address <b>P.O. BOX 65</b> <b>JENSEN BEACH, FL 34958 US</b>	
2. Principal Place of Business <b>1111 SE Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>HAUART, FL</b> Zip <b>34994</b> Country		3. Mailing Address <b>1111 SE Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>HAUART, FL</b> Zip <b>34994</b> Country	
4. FEI Number <b>59-2135817</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ADVANTAGE PROPERTY MANAGEMENT</b> <b>1274 NE BUSINESS PK. PLACE</b> <b>JENSEN BEACH, FL 34957</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1111 SE Federal Hwy</b> <b>Suite 100</b> City <b>HAUART</b> <b>FL</b> Zip Code <b>34994</b>	
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: <u><i>Dorretta B. Marquisette</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>4/29/05</i></u>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	Delete	STREET ADDRESS
	TD SIMPSON, LARRY	<input checked="" type="checkbox"/>	3253 LAKEVIEW CIR FORT PIERCE, FL 34949
	PD VERDES, GEORGE	<input checked="" type="checkbox"/>	3221 S. LAKEVIEW CIRCLE #106 FT. PIERCE, FL 34949
	P LIGHTSEY, BONNA	<input checked="" type="checkbox"/>	3225 LAKEVIEW CIRCLE FORT PIERCE, FL 34949
	D BRANDRN, KATHY	<input checked="" type="checkbox"/>	3201 LAKEVIEW CIRCLE FORT PIERCE, FL 34949
	VPD HEELY, ROY	<input checked="" type="checkbox"/>	3212 LAKEVIEW CIRCLE FT PIERCE, FL 34949
	S SKEKMEISTER, ROBERT	<input type="checkbox"/>	3221 LAKEVIEW CIRCLE FT. PIERCE, FL 34949
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	Change	STREET ADDRESS
	PD SCHWARZ, John	<input type="checkbox"/>	3212 S. LAKEVIEW CIRCLE # 205 FT. PIERCE, FL 34949
	VPD BARKMAN, Ronald	<input type="checkbox"/>	3210 S. LAKEVIEW CIR. # 5-202 FT. PIERCE, FL 34949
	TD JOHNSON, Robert	<input type="checkbox"/>	3308 CAECAL DR FT PIERCE, FL 34949
	PD MARQUISETTE, Doretta	<input type="checkbox"/>	3210 S. LAKEVIEW CIRCLE # 3-202 FT. PIERCE, FL 34949
	D SMITH, OLIVER	<input type="checkbox"/>	3251 LAKEVIEW DR. # 1 FT PIERCE, FL 34949
	D	<input checked="" type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Dorretta B. Marquisette</i></u> DATE: <u><i>4/29/05</i></u> DAYTIME PHONE: <u><i>772-461-5560</i></u>			

ATTACHMENT 14010472

#757030

ADDITION

MEDINA, WILLIAM  
3223 S. LAKEVIEW Circle #8  
FT. PIERCE, FL 34949