

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90031 038 \*\*\*\*61.25

<b>DOCUMENT # 757030</b>					
<b>1. Entity Name</b> THE SANDS COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US			<b>Mailing Address</b> 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2135817	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TD	<b>NAME</b> SCHWARZ, JOHN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VPD	<b>NAME</b> SIMMONS, LARRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3212 S. LAKEVIEW CIRCLE #205	<b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949		<b>STREET ADDRESS</b> 3102 OCELOT WAY #16-1	<b>CITY-ST-ZIP</b> FT. PIERCE, FL 34949	
<b>TITLE</b> VPD	<b>NAME</b> SMITH, BEVERLY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> CUMPTON, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3117 OCELOT WAY	<b>CITY-ST-ZIP</b> FT. PIERCE, FL 34949		<b>STREET ADDRESS</b> 3210 S. LAKEVIEW CIRCLE #201	<b>CITY-ST-ZIP</b> FT. PIERCE, FL 34949	
<b>TITLE</b> PD	<b>NAME</b> JOHNSON, ROBERT	<input type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3308 CAECAL DR	<b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MARQUETTE, DORETTA	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3215 S. LAKEVIEW CIRCLE #3-303	<b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> SMITH, OLIVE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3251 LAKESHORE DR. #1	<b>CITY-ST-ZIP</b> FT PIERCE, FL 34949		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> BOYD, BELINDA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> FLEMING, KIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5051 NORTH A1A SUITE T-4	<b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949		<b>STREET ADDRESS</b> 2025 LYNX DRIVE	<b>CITY-ST-ZIP</b> FT. PIERCE, FL 34949	
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> _____			3/14/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

D

Heaphy, Michael  
3218 S. LAKEVIEW Circle #201  
Ft. Pierce, FL 34949

ATTACHMENT:

40045387

#757030

D

Addition

Brandon, Kathy  
2010 HARBORTOWN DRIVE  
FT PIERCE, FL 34949

D

Addition

Jensen, Joanne  
3221 S. LAKEVIEW Circle #201  
Ft. Pierce, FL 34949