2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757030

FILED Mar 20, 2012 Secretary of State

Entity Name: THE SANDS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1111 SE FEDERAL HWY

SUITE 100

STUART, FL 34994 US

Current Mailing Address: New Mailing Address:

1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US

FEI Number: 59-2135817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US

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: MARCOUX, SUSAN

Address: 3212 S. LAKESIDE CIRCLE #101 City-St-Zip: FORT PIERCE, FL 34949

Title: D

 Name:
 MEDINA, WILLIAM

 Address:
 3223 S LAKEVIEW CIR #8

 City-St-Zip:
 FORT PIERCE, FL 34949

Title: TD

Name: JOHNSON, ROBERT Address: 3308 CAEACAL DR City-St-Zip: FORT PIERCE, FL 34949

Title: [

Name: MARQUISETTE, DORETTA

Address: 3215 S. LAKEVIEW CIRCLE #3-303

City-St-Zip: FORT PIERCE, FL 34949

Title: SD

Name: SMITH, OLIVER

Address: 3251 LAKESHORE DR. #1 City-St-Zip: FT PIERCE, FL 34949

Title: PD

Name: FLEMING, KIP Address: 2025 LUNX DR

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: KIP FLEMING PRES 03/20/2012