

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90016 046 ****61.25

DOCUMENT # N04127 1. Entity Name THE SANDS, A CONDOMINIUM, SECTION II ASSOCIATION, INC.					
Principal Place of Business 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US			Mailing Address 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2443160	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL WAY STE 100 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERDES, GEORGE 32-21 LAKEVIEW CIR, 18-106 FT. PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNALIA, ROSE 3225 S LAKEVIEW CIRCLE #33-202 FT. PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STECKMEISTER, ROBERT 3221 LAKEVIEW CIR FORT PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOEPFER, PAT 3221 S LAKEVIEW CIRCLE #105 FORT PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3D D Lumb, LESLIE 3225 S LAKEVIEW CIRCLE # 22-106 FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIPPE, MARTIN 3225 LAKEVIEW CIR FT PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, GARY 3221 S LAKEVIEW Circle #18-201 FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE <i>M. J. Rippe</i> MARTIN J. RIPPE			3/30/06 772-595-0569		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		