


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 041 ****61.25

DOCUMENT # N05000006270	
1. Entity Name THE SANDS MARINA ASSOCIATION, INC.	

Principal Place of Business 2010 HARBORTOWN DRIVE SUITE + 2282 N. U.S. HWY. ONE FT. PIERCE, FL 34946	Mailing Address 2010 HARBORTOWN DRIVE SUITE + 2282 N. U.S. HWY. ONE FT. PIERCE, FL 34946
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40096406



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3109472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HESSEE, MARK 2010 HARBORTOWN DRIVE SUITE + 2282 N. U.S. HWY. ONE FT. PIERCE, FL 34946

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESSEE, MARK 2010 HARBORTOWN DRIVE, SUITE + 2282 N. U.S. FT. PIERCE, FL 34946 <i>HWY. ONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIPPE, MARTIN 2010 HARBORTOWN DRIVE, SUITE + 2282 N. U.S. FT. PIERCE, FL 34946 <i>HWY. ONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HESSE, CLAUDIA 2010 HARBORTOWN DRIVE, SUITE + 2282 N. U.S. FT. PIERCE, FL 34946 <i>HWY. ONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

PLEASE NOTE:
OUR COMPUTER IS DOWN,
SO SOMEONE ELSE PRINTED
THIS REPORT FOR ME.
THEY DID NOT KNOW THAT
OUR ADDRESS HAD CHANGED.
IF POSSIBLE, PLEASE ACCEPT
OUR ADDRESS CHANGE AND
UPDATE OUR INFORMATION.
THANK YOU,
CLAUDIA HESSEE

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: _____

MARK HESSEE

3/15/07

772-460-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #