

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010799

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE SANDS OF SARASOTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

221 BAYSHORE ROAD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

221 BAYSHORE ROAD  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 20-3734281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LLOYD, SCOT  
1475 SIESTA DRIVE  
SARASOTA, FL 34239 US

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

COASTAL LIVING REAL ESTATE & PROP. MGMT  
14001 BELLAGIO WAY  
OSPREY, FL 34229 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: KAREN WILLIAMS

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LLOYD, SCOT  
Address: 1475 SIESTA DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Delete  
Name: BERLIN, EVAN  
Address: 1819 MAIN ST, SUITE 302  
City-St-Zip: SARASOTA, FL 34242

Title: SEC ( ) Delete  
Name: HUDSON, PETE  
Address: 221 BAYSHORE ROAD #201  
City-St-Zip: SARASOTA, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOT LLOYD

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date