## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2007 8:00 am Secretary of State

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1. Entity Nam	SANDS CONDOMINIUM AS				56 032 ****61.25		
295 HWY A1A -699		Mailing Address <del>6939 N. WICKHAM R</del> D MELBOURNE, FL 32940	<del>1939<sup>°</sup> N. Wickham R</del> D				
		3. Mailing Address	95 HWY AIA				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Guite, Apt. #, etc. PTELLITE BEACH		Chg-NP CR	R2E037 (12/06)	
City & State		City & State	City & State		94	Applied For Not Applicable	
Zip	Country	32937	Country 45 A	5. Certificate of S	Status Desired	\$9.75 Additional	
	6. Name and Address of Current	10.7-	9377	7. Name and Ad-	dress of New Regist		
6939 N. W	T, FRANCIS M CPA ICKHAM RD RNE, FL 32940	29	<u> </u>				
SIGNATURE	Signature appear or puraturative of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and trile # applicable. (NOTE: F	paign Financing	sequired when reinstating)  \$5.00 May Be Added to Fees	Make (	Check payable to	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS AF	ND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARKINGTON, LYN 297 HWY A1A SATELLITE BEACH, FL 32937	Delete	TITLE NAME STREET ADDRESS	P CHUCK BOST 195 HWY A/ TATELLITE L	TWICK 'A	Change Staddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALCAGNI, JOHN 297 HWY A1A SATELLITE BEACH, FL 32937	Devele	TITLE NAME STREET ADDRESS	V D BUD RING- 297 HWY SATELLITE	AIA	□ Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGES, PATRICIA 295 HWY A1A #308 SATELLITE BEACH, FL 32937	A Delete	TITLE	5 D	,	☐ Change ☐ Change	
NAME STREET ADDRESS CITY-S1-ZIP	TD STUBBS, CAROL 297 HWY A1A SATELLITE BEACH, FL 32937	Delete	■ NAME i	ハックハーション ノ	11174	□ Change Addition  FC 3≥937 □ Change (Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMILO, ROBERT 295 HWY A1A SATELLITE BEACH, FL 32937	Oelete				☐ Change Daddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, GEORGE 297 HWY A1A SATELLITE BEACH, FL 32937	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 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.

CICMATURE.	Kathu
SIGNATURE:	1 Juny

SIGNATURE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01-22-07

Daytime Phone #