

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-17-2004 90031 043 ****61.25

DOCUMENT # N43090 1. Entity Name SANDS PROJECT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 31171 AVENUE H BIG PINE KEY, FL 33043 US	Mailing Address P.O. BOX 430391 BIG PINE KEY, FL 33043 US
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03062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0349150	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PANDOL, CHARMAINE 31171 AVENUE H BIG PINE KEY, FL 33043

**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.

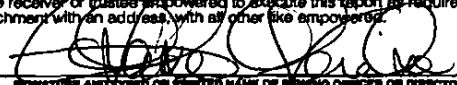
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ENSMINGER, JAMES 31130 AVE I BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HASKINS, ANNA M 31147 AVE H BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VERELINE, CATHERINE 31142 AVE I BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANDOL, CHARMAINE 31171 AVENUE H BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #