

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

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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03032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent PANDOL, CHARMAINE 31171 AVENUE H BIG PINE KEY, FL 33043	DO NOT WRITE IN THIS SPACE
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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)
Signature, typed or printed name of registered agent and title if applicable DATE

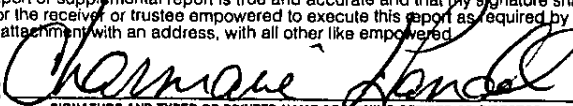
**Filing Fee is \$61.25
Due by May 1, 2008**

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	DVP ENSMINGER, JAMES 31130 AVE I 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
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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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #