2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43090

FILED Jul 26, 2008 Secretary of State

Entity Name: SANDS PROJECT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

31171 AVENUE H

BIG PINE KEY, FL 33043 US

Current Mailing Address: New Mailing Address:

P.O. BOX 430391

BIG PINE KEY, FL 33043 US

FEI Number: 65-0349150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PANDOL, CHARMAINE STOCKTON, JAMES 31171 AVENUE H 31142 AVENUE I

BIG PINE KEY, FL 33043 US BIG PINE KEY, FL 33043 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: JAMES STOCKTON 07/26/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 ENSMINGER, JAMES
 Name:
 STOCKTON, JAMES

 Address:
 31130 AVE I
 Address:
 31142 AVENU I

 City-St-Zip:
 BIG PINE KEY, FL 33043
 City-St-Zip:
 BIG PINE KEY, FL 33043

Title: DT () Delete Title: () Change () Addition

Name: VERELINE, CATHERINE Name:

 Address:
 31142 AVE I
 Address:

 City-St-Zip:
 BIG PINE KEY, FL 33043
 City-St-Zip:

 $\label{eq:title:DP} \textit{Title:} \qquad \textit{DP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{DP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 PANDOL, CHARMAINE
 Name:
 BOLLIG, LESLIE

 Address:
 31171 AVENUE H
 Address:
 31136 AVENUE I

 City-St-Zip:
 BIG PINE KEY, FL 33043
 City-St-Zip:
 BIG PINE KEY, FL 33043

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: JAMES STOCKTON PD 07/26/2008