

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000039463**1. Corporation Name

THE SANDS HOTEL, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90019 015 ***150.00



Principal Place	e of Business	Mailing Address				9145 IIII 0 12(1) 01510 ·	-1146 144.	
2401 BEACH CO	OURT	2401 BEACH COURT			}			
SINGER ISLAND FL 33404		SINGER ISLAND FL 33404						
•					DO NOT WRITE IN T			
<u> </u>		_ <u>-</u> .	-		-3:- Date Incorporated or Qualifed			
					05/06/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olled For	
21		26			65-0664210		Applicable	
Suite, Apt,	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			S. Contractor of Contractor	Fee Re	quired	
City & State	9	City & State			8. Election Campaign Financing	\$5.00		
23		_ 28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip —	Cou	ntry	B. This corporation owes the current year			=
24	25	29 3	0		Personal Property Tax.		□No	
F	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent		
				81 Name	RED WILLARI		į	
	ari, Joan			20 20 144	(D. D. D. Line to Manager Make)			
2401	BEACH COURT			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	DR.	1	
SING	ER ISLAND FL 33404	æ ·		83				
]			i	1 W.	P-R	- ,,		
				84 City	,		ode	
			45.5.				registered	
11, Pursuant	to the provisions of Sections 607.0502 egistered egent, or both, in the State o	rand 607.1508, Florida Siatules of Florida. Such change was ลบปี	ngrized	by the corporation	tration submits this statement for the purposen's board of directors. Liberaby accept the ap	pointment as rec	istered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607:5505, Florid	s Statu	ites.// a	0 TL 10 100 3	227 9	5-	
SIGNATURE	Signature, typed or printed name of registered aggre	124		00		-22.91		_
				Agent eignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12	(11/98)
12.	OFFICERS AND	DELETE	1.1 70		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	/11
TITLE	0							
NAME.	VILLARI, JOAN		1.2 NA	- 1			}	8
STREET ADDRESS	3445 SANTA BARBARA		1.3 ST	REET ADDRESS]	CR2E034
CMY-ST-ZIP	WELLINGTON FL 33414			TY-ST-ZP	SZECTOEUT	Change	Addition	8
TITLE	D	☐ DELETE	2.1 TII	LTE A	PRE) IDEA		☐ MODINGII]	•
NAME	VILLARRI, FRED JAT 11-		2.2 NA	. ا سوه				
STREET ADDRESS	A440 044004 0400404		2210	ANTE	VIIIARI, FRED		ا ہو،	
	3445 SANTA BARBARA			REET ADORESS	VIII ARI, FRED	R DRIV	8	
CITY-ST-ZIP	WELLINGTON FL 33414		2.3 57	TREET ADDRESS	27378 FLA9LE	R DRIV	R	
CITY-ST-ZIP	# * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.3 57	TREET ADDRESS	27378 FLA9LE	R DRIU	∀ □ Addition	
	# * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.3 ST 2.4 CI 3.1 TII	TREET ADDRESS	27378 FLA9L6	R DRIU 34/4 Ochange	Addition	
TITLE NAME	# * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.3 ST 2.4 Cl 3.1 Tl 3.2 NA	REET ADORESS ITY-SI-ZIP TLE	27378 FLAGLE	R DRIU	Addition	
TITLE NAME STREET ADDRESS	# * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.3 ST 2.4 CI 3.1 TII 32 NA 33 ST	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS	27378 FLAGLE	R DRIV	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.3 ST 2.4 CI 3.1 TII 32 NA 33 ST	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP	27378 FLA9L6	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	# * * * * * * * * * * * * * * * * * * *		23 ST 2.4 CI 3.1 TH 32 NA 33 ST 3.4. CI	REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP	27328 FLAGLE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	# * * * * * * * * * * * * * * * * * * *		23 ST 2.4 CD 3.1 TH 32 NA 33 ST 3.4 CD 4.1 TH 4.2 NV 4.3 ST	REET ADDRESS TTY-ST-ZIP THE REET ADDRESS TREET ADDRESS TREET ADDRESS	27328 FLAGLE			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	# * * * * * * * * * * * * * * * * * * *	DELETE →	23 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI	REET ADDRESS ITY-ST-ZP ILE IME REET ADDRESS ITY-ST-ZP ILE REET ADDRESS ITY-ST-ZP ITY-ST-ZP	VIIIARI, FRED 27378 FLAGLE	Change	Addision	Y = = =
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	# * * * * * * * * * * * * * * * * * * *	DELETE →	23 ST 2.4 CD 3.1 TH 32 NA 33 ST 34. CD 4.1 TH 4.2 NA 43 ST 4.4 CD 5.1 TH 52 NA	REET ADDRESS ITY-ST-ZP ILE IME REET ADDRESS ITY-ST-ZP ILE ITY-ST-ZP ILE IME REET ADDRESS ITY-ST-ZP ILE IME	27378 FLA9L6	Change	Addision	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an asterchipent with an address, with all other like empowered.

SIGNATURE: _