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FILED  
Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 652453

(2)

1. Corporation Name

WHITE SANDS OF LONGBOAT, INC.

Principal Place of Business

5114 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228-2006

Mailing Address

5114 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228-2006

3. Date Incorporated or Qualified

01/16/1980

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1968853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M. ATTORNEY  
100 NORTH PINEAPPLE, STE. #6  
SARASOTA FL 33577

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KLAUBER, MURRAY J.	
STREET ADDRESS	1620 GULF OF MEXICO DR.	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHIPMAN, ROBERT	
STREET ADDRESS	276 COLONY STREET	
CITY - ST - ZIP	WINNIPEG MANITOBA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUNDERS, MICHAEL	
STREET ADDRESS	61 SOUTH BLVD OF PRES	
CITY - ST - ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOODY, CHRISTOPHER	
STREET ADDRESS	670 FAIRMILE ROAD	
CITY - ST - ZIP	W. VAN COUVER, BC, CAN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EISEMAN, SAUL	
STREET ADDRESS	755 S PALM AVE.	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 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 or 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/97 941/451-6600

CR2E034 (9/96)