

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90153 012 ***150.00

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1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1968853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P KLAUBER, MURRAY J
STREET ADDRESS **1620 GULF OF MEXICO DR.**
CITY- ST- ZIP **LONGBOAT KEY, FL**

TITLE NAME ☐ Delete
V CHIPMAN, ROBERT
STREET ADDRESS **276 COLONY STREET**
CITY- ST- ZIP **WINNIPEG MANITOBA, CA**

TITLE NAME ☐ Delete
S SAUNDERS, MICHAEL
STREET ADDRESS **1801 MAIN STREET**
CITY- ST- ZIP **SARASOTA, FL 34236**

TITLE NAME ☐ Delete
T GOODY, CHRISTOPHER
STREET ADDRESS **670 FAIRMILE ROAD**
CITY- ST- ZIP **W. VAN COUVER, BC, CAN.**

TITLE NAME ☒ Delete
AS EISEMAN, SAUL
STREET ADDRESS **755 S PALM AVE.**
CITY- ST- ZIP **SARASOTA, FL**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, 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:

Michael Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #