


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90092 034 \*\*\*\*61.25

**DOCUMENT # N01000005639**

1. Entity Name  
**WHITE SAND VILLAS CONDOMINIUM ASSOCIATION, INC.**



40062917



01312005 Chg-NP CR2E037 (10/03)

Principal Place of Business  
**C/O STEVEN M. FALK, ESQUIRE  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103**

Mailing Address  
**C/O STEVEN M. FALK, ESQUIRE  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103**

2. Principal Place of Business  
**200 ESTERO BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**275 ESTERO BLVD**  
 Suite, Apt. #, etc.

City & State  
**FORT MYERS BEACH FL**

City & State  
**FORT MYERS BEACH FL**

Zip  
**33931** Country **US**

Zip  
**33931** Country **US**

4. FEI Number  
**34-1964790**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FALK, STEVEN M ESQ.—  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103**

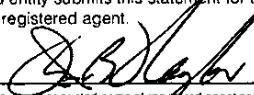
7. Name and Address of New Registered Agent

Name **JOHN B. NAYLOR**

Street Address (P.O. Box Number is Not Acceptable)  
**275 ESTERO BLVD**

City **FORT MYERS BEACH FL** Zip Code **33931**

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  **JOHN B. NAYLOR** DATE **1/31/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOYKIN, ROBERT W	
STREET ADDRESS	45 W. PROSPECT AVENUE #1500	
CITY-ST-ZIP	CLEVELAND, OH 441151039	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONTI, RICHARD C	
STREET ADDRESS	45 W. PROSPECT AVENUE #1500	
CITY-ST-ZIP	CLEVELAND, OH 441151039	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, ANDREW C	
STREET ADDRESS	45 W. PROSPECT AVENUE #1500	
CITY-ST-ZIP	CLEVELAND, OH 441151039	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, RUSS C	
STREET ADDRESS	45 WEST PROSPECT AVENUE #1500	
CITY-ST-ZIP	CLEVELAND, OH 441151039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIETTE RICHTER	
STREET ADDRESS	2022 EL DORADO PARKWAY WEST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH HOSKINS	
STREET ADDRESS	801 W. COLISEUM BLVD	
CITY-ST-ZIP	FORT WAYNE IN 46808	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET MUELLER	
STREET ADDRESS	516 HAWTHORNE AVE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH KIEVIT	
STREET ADDRESS	170 ROSALIE AVE	
CITY-ST-ZIP	CLIFTON NJ 07011	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK VIEAU	
STREET ADDRESS	5994 NORTH PIKE LAKE ROAD	
CITY-ST-ZIP	DULUTH MN 55811	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGY SCARPATI	
STREET ADDRESS	275 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

12. I 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 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:  **PEGGY SCARPATI Assistant Secretary** DATE **1/31/05** DAYTIME PHONE # **239 463 8642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #