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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005294**

1. Corporation Name

WHITE SANDS COTTAGES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
4375 MCCOY DR PENSACOLA FL 32503	4375 MCCOY DR PENSACOLA FL 32503

2. Principal Place of Business 21 4520 BOHEMIA DR Suite, Apt. #, etc. 22 City & State 23 PENSACOLA FL Zip 24 32504 Country 25 USA	2a. Mailing Address 26 4520 BOHEMIA DRIVE Suite, Apt. #, etc. 27 City & State 28 PENSACOLA FL Zip 29 32504 Country 30 USA	3. Date Incorporated or Qualifed 09/17/1997 4. FEI Number 59-3500179 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing ☐ *Trust Fund Contribution* **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEMARIA, F. BRIAN
4375 MCCOY DR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name DEMARIA, F. BRIAN
82 Street Address (P.O. Box Number is Not Acceptable) 4520 BOHEMIA DRIVE
83
84 City PENSACOLA FL 85 Zip Code 32504

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE F. Brian McMacon 1/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DEMARIA, F. BRIAN 4375 MCCOY DR PENSACOLA FL 32503	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST DUNHAM, RICHARD E 4375 MCCOY DR PENSACOLA FL 32503	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMARIA, CAROLINE 4375 MCCOY DR PENSACOLA FL 32503	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)