

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 016 ****61.25

DOCUMENT # N97000005294

1. Entity Name

WHITE SANDS COTTAGES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4520 BOHEMIA DR
PENSACOLA FL 32504
US**

Mailing Address

**4520 BOHEMIA DR
PENSACOLA FL 32504
US**

2. Principal Place of Business

2539 BAYOU BLVD.

3. Mailing Address

2539 BAYOU BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32503

Country

US

Zip

32503

Country

US

4. FEI Number

59-3500179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMARIA, F. BRIAN
4520 BOHEMIA DR
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name **DEMARIA F. BRIAN**

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

2539 BAYOU BLVD.

City

PENSACOLA FL

FL

Zip Code

32503

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **DPST** ☐ Delete
NAME **DEMARIA, F. BRIAN**
STREET ADDRESS **4520 BOHEMIA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Delete
NAME **DEMARIA, CAROLINE**
STREET ADDRESS **4520 BOHEMIA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Delete
NAME **SMITH, GARY**
STREET ADDRESS **520 FT PICKENS RD**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** ☒ Change ☐ Addition
NAME **DEMARIA F. BRIAN**
STREET ADDRESS **2539 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☒ Change ☐ Addition
NAME **DEMARIA CAROLINE**
STREET ADDRESS **2539 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL 32503**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04 (850) 470-0961