

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005294 1. Entity Name WHITE SANDS COTTAGES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 513 PICKENS ROAD PENSACOLA, FL 32561 US	Mailing Address PO BOX 956 GULF BREEZE, FL 32561 US
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04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 TED WELSH 513 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WELSH, TED 513 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, LARRY 509 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMARIA, BRIAN 2539 BAYOU BLVD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/09/06-80013-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ted Welsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/06 *8509325423*
Date Daytime Phone #