## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005294

FILED Apr 26, 2009 Secretary of State

Entity Name: WHITE SANDS COTTAGES HOMEOWNERS ASSOCIATION INC.

urrent P	rincipal Place	of Business:	New Principal Place	ce of Business:
	ENS ROAD DLA, FL 32561	US		
Current Mailing Address:		New Mailing Address:		
O BOX 9 ULF BRI	956 EEZE, FL 3256	i1 US	PO BOX 956 GULF BREEZE, FL	. 32562 US
El Number	: 59-3500179	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
	SH			
13 FORT ENSACC he above	SH PICKENS ROA  DLA BEACH, FL  named entity see of Florida.	_ 32561 US	purpose of changing its registe	ered office or registered agent, or both
13 FORT ENSACC he above	PICKENS ROADLA BEACH, FL e named entity se e of Florida. RE:	_ 32561 US submits this statement for the p		
13 FORT ENSACC he above the State IGNATUI	PICKENS ROADLA BEACH, FL e named entity see of Florida.  RE: Electron	aubmits this statement for the particles of Registered Ag	ent	ered office or registered agent, or both Date
13 FORT ENSACC he above the State IGNATUI	PICKENS ROADLA BEACH, FL e named entity se e of Florida. RE:	aubmits this statement for the particles of Registered Ag	ent	
13 FORT ENSACC he above the State	PICKENS ROADLA BEACH, FLOOR named entity see of Florida.  RE: Electron S AND DIRECTORY WELSH, TED 513 FORT PICK	aubmits this statement for the particles of Registered Agronal Tors:	ent	Date
I3 FORT ENSACC ne above the State GNATUI FFICER: le: ame: ldress:	PICKENS ROADLA BEACH, FLOOR named entity see of Florida.  RE: Electron  S AND DIRECTORY  DPST ()  WELSH, TED  513 FORT PICK PENSACOLA BI  D ()  LAMBERT, LAR  509 FORT PICK	aubmits this statement for the particles of Registered Agrons:  Delete EACH, FL 32561  Delete RY	ent  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED WELSH DPST 04/26/2009