
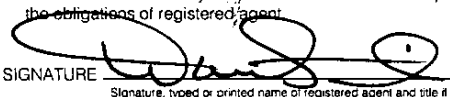
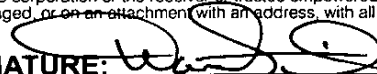


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90095 032 ****61.25

DOCUMENT # 729490 1. Entity Name WHITE SANDS LEASEHOLDERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 3700 CREIGHTON RD SUITE 1 PENSACOLA, FL 32504 US			Mailing Address P O BOX 11123 PENSACOLA, FL 32524-1123																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip		Country		Zip																																																																																																																									
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6. Name and Address of Current Registered Agent WILLIAMS, MAX 4040 DUNWOODY DR. PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name <u>DAN L. SMITH</u> Street Address (P.O. Box Number is Not Acceptable) <u>156 STEARNS ST.</u> City <u>GULF BREEZE</u> FL Zip Code <u>32561</u>																																																																																																																									
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> <u>DAN L. SMITH</u> (NOTE: Registered Agent signature required when reinstating) </div> <div style="text-align: center;"> <u>4/8/06</u> DATE </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DT</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EMLING, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 CHESAPEAKE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF BREEZE, FL 32561</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENDERNAGEL, E. J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 CHESAPEAKE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF BREEZE, FL 32561</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4040 DUNWOODY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32503</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SERE, RAOUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2300 PRYTANIA ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW ORLEANS, LA 70130</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRAZIER, WAYNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 413</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BREWTON, AL 36472</td> <td></td> </tr> <tr> <td>TITLE</td> <td><u>DIRECTOR/PRESIDENT</u></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><u>DAN L. SMITH</u></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><u>156 STEARNS ST.</u></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><u>GULF BREEZE, FL 32561</u></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DT	<input type="checkbox"/> Delete	NAME	EMLING, CHARLES		STREET ADDRESS	605 CHESAPEAKE DR.		CITY-ST-ZIP	GULF BREEZE, FL 32561		TITLE	DS	<input type="checkbox"/> Delete	NAME	BENDERNAGEL, E. J.		STREET ADDRESS	605 CHESAPEAKE DR.		CITY-ST-ZIP	GULF BREEZE, FL 32561		TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	WILLIAMS, MAX		STREET ADDRESS	4040 DUNWOODY DR.		CITY-ST-ZIP	PENSACOLA, FL 32503		TITLE	D	<input type="checkbox"/> Delete	NAME	SERE, RAOUL		STREET ADDRESS	2300 PRYTANIA ST.		CITY-ST-ZIP	NEW ORLEANS, LA 70130		TITLE	D	<input type="checkbox"/> Delete	NAME	FRAZIER, WAYNE		STREET ADDRESS	PO BOX 413		CITY-ST-ZIP	BREWTON, AL 36472		TITLE	<u>DIRECTOR/PRESIDENT</u>	<input type="checkbox"/> Delete	NAME	<u>DAN L. SMITH</u>		STREET ADDRESS	<u>156 STEARNS ST.</u>		CITY-ST-ZIP	<u>GULF BREEZE, FL 32561</u>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  <u>DAN L. SMITH</u> <u>4/8/06</u> <u>850-206-9581</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													