

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90067 015 ****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

40001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1538265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAN L
156 STEARNS ST
GULF BREEZE, FL 32561

Name

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

City

FL

Zip Code

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

1/8/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME EMLING, CHARLES
STREET ADDRESS 605 CHESAPEAKE DR.
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **AUGIE BAESSIA**
STREET ADDRESS **1152 SUNSET LANE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE DS ☐ Delete
NAME FILES, DEBRA
STREET ADDRESS 3116 WOODLAND RIDGE
CITY-ST-ZIP BATON ROUGE, LA 70816

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBERT C. ALFORD**
STREET ADDRESS **18332 MISSION HILLS DR.**
CITY-ST-ZIP **BATON ROUGE, LA 70801**

TITLE D ☐ Delete
NAME SERE, RAOUL
STREET ADDRESS 2300 PRYTANIA ST.
CITY-ST-ZIP NEW ORLEANS, LA 70130

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

TITLE D ☐ Delete
NAME FRAZIER, WAYNE
STREET ADDRESS PO BOX 413
CITY-ST-ZIP BREWTON, AL 36472

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

TITLE DP ☐ Delete
NAME SMITH, DAN L
STREET ADDRESS 156 STEARNS ST
CITY-ST-ZIP GULF BREEZE, FL 32561

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

TITLE D ☐ Delete
NAME ARATA, BLAKE G
STREET ADDRESS 201 ST. CHARLES AVE, SUITE 4000
CITY-ST-ZIP NEW ORLEANS, LA 70170

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08