2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 700400



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Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90067 015 ****61.25

Principal Prace of Business 3700 CREGHTON RD PC RSCAUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address PC Box 11123 PERSACUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address District PRESACUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address District PRESACUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address District PRESACUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address District PRESACUL, FL 32524-1123 2. Principal Prace of Business - No PO Box # 3. Molling Address District PRESACUL, FL 3254-1123 4. FEIT Authority FL 3256-125 5. Certificate of Status Descret	1. Entity Name WHITE SANDS LEASEHOLDERS ASSOCIATION, INC.						-11-2000 90	007 013 01	.20	
Salte, Apt. #, etc. Suite, Apt. #, etc. City & State City & City	3700 CREIGHTON RD Suite 1		P 0 BOX 11123		· .		III 818 11 81811 81811 81811 81811			
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Special Country Zip Zi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Ch	ig-NP	CR2E037 (12/06)			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent SITH. DAN L 156 STEARNS ST GULF BREEZE, FL 32561 Street Address (I*O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named antity subside this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the State of Florida. I am familiar with, and accept the observations of registered agent, or both, in the	City & State		City & State				5	J	 	
SMITH, DAN L 156 STEARNS ST GULF BREEZE, FL 32561 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 objections of registeries agent, or both, in the State of Florida. I am familiar with, and accept the objections of registeries agent or print name of registeries agent and the state of Florida and part with an accept the objections of registeries agent or print name of registeries agent and the state of Florida. I am familiar with, and accept the objections of registeries agent, or both, in the State of Florida. I am familiar with, and accept the objections of registeries agent, or both, in the State of Florida. I am familiar with, and accept the objections of registeries agent, or both, in the State of Florida. I am familiar with, and accept the objection of the objection	Zip	Country Zip Cou		Coun	try	5. Certificate of Sta	atus Desired			
SMITH, DAN L 156 STEARNS ST GULF BREEZE, FL 32561 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity subscits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered rank from the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered rank from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent and registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the objective of the state of Florida. I am familiar with, and accept the object of the state of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with	6. Name and Address of Current Registered Agent									
STEARANS ST GULF BREZE, FL 32561 8. The above named entity subscite his 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, an	SMITH DA	AN I			Name					
B. 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 light or prefer facility of implications of legistered agent and life. Il applicable. (NOTE: Registered Agent Signature required when recitating) DATE FIIIng Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. ITILE DT ITILE MAKE EMILING, CHARILES SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FIIIng Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. ITILE NAME EMILING, CHARILES SIGNATURE	156 STEARNS ST			-	Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature Proces or printed name of registered agont and line a applicable. (NOTE: Registered Agont sepature required and removementalisting) DATE			-	City			FL Zip Code	e		
Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Trust Fund Contribution. Title DT ITILE DS GOS CHESAPEAKE DR. GITY-S1-2IP GULF BREEZE, FL 32561 TITLE DS ITILE DS I	the obligations of registered agely. SIGNATURE 1/8/08									
TITLE NAME EMILING, CHARLES CITY-ST-2P GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY-ST-2P GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY-ST-2P GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY-ST-2P GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY-ST-2P BATON ROUGE, LA 70816 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Change Addition Addition Addition CITY-ST-2P TITLE NAME CITY-ST-2P CIT	, g 100 to 1 0 to				· -			e check payable to		
NAME SIREET ADDRESS CITY-ST-2P GULF BREEZE, FL 32561 INME GULF BREEZE, FL 32561 INME FILES, DEBRA SIREET ADDRESS CITY-ST-2P BATON ROUGE, LA 70816 ITILE STEET ADDRESS CITY-ST-2P ITILE D PRAZIER, WAYNE SIREET ADDRESS CITY-ST-2P ITILE D D D D D D D D D D D D D D D D D D D	10.		RECTORS	11.			S TO OFFICERS	AND DIRECTORS IN		
Delete	NAME STREET ADDRESS	EMLING, CHARLES 605 CHESAPEAKE DR.	□ Delete	NAME STREET	ADDRESS 115	SIL BALLY	CANE FLANE	- •	Addition	
TITLE D	NAME Street address	FILES, DEBRA 3116 WOODLAND RIDGE	☐ Delete	NAME STREET	ADDRESS /83	BERT C.,	ALFORD	S Se,	Addition	
NAME STREET ADDRESS CITY-ST-ZIP BREWTON, AL 36472 TITLE NAME SMITH, DAN L STREET ADDRESS CITY-ST-ZIP BREEZE, FL 32561 TITLE OD ARATA, BLAKE G STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME ARATA, BLAKE G STREET ADDRESS CITY-ST-ZIP NEW ORLEANS, LA 70170 STREET ADDRESS CITY-ST-ZIP NEW ORLEANS, LA 70170 NAME STREET ADDRESS CITY-ST-ZIP NEW ORLEANS, LA 70170	NAME STREET ADORESS	SERE, RAOUL 2300 PRYTANIA ST.	☐ Deiete	name Street	ADDRESS				☐ Addition	
NAME SMITH, DAN L NAME STREET ADDRESS 156 STEARNS ST STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP TITLE	name Street address	FRAZIER, WAYNE PO BOX 413	☐ Delete	NAME STREET				☐ Change	Addition	
NAME ARATA, BLAKE G NAME STREET ADDRESS 201 ST.CHARLES AVE, SUITE 4000 STREET ADDRESS CITY-S1-ZIP NEW ORLEANS, LA 70170 CITY-S1-ZIP	NAME STREET ADDRESS	SMITH, DAN L 156 STEARNS ST	☐ Delete	name Street				☐ Change	Addition	
47. I harably portify that the information cynnlied with this filing door not excelled to the examplians contained in Chapter 4.10. Elevide Districted I forther earlier that the information	NAME STREET ADDRESS CITY-ST-ZIP	ARATA, BLAKE G 201 ST.CHARLES AVE, SUITE 4 NEW ORLEANS, LA 70170	1000	NAME STREET CITY-S	ST-ZIP					

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 director of the corporation or the receiver or trutile 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 absorbes, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #