

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729490

FILED
Mar 26, 2009
Secretary of State

Entity Name: WHITE SANDS LEASEHOLDERS ASSOCIATION, INC.

Current Principal Place of Business:

3700 CREIGHTON RD
SUITE 1
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11123
PENSACOLA, FL 325241123

New Mailing Address:

FEI Number: 59-1538265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: EMLING, CHARLES
Address: 605 CHESAPEAKE DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: DS () Delete
Name: FILES, DEBRA
Address: 3116 WOODLAND RIDGE
City-St-Zip: BATON ROUGE, LA 70816

Title: D () Delete
Name: SERE, RAOUL
Address: 2300 PRYTANIA ST.
City-St-Zip: NEW ORLEANS, LA 70130

Title: D () Delete
Name: FRAZIER, WAYNE
Address: PO BOX 413
City-St-Zip: BREWTON, AL 36472

Title: DP () Delete
Name: SMITH, DAN L
Address: 156 STEARNS ST
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: ARATA, BLAKE G
Address: 201 ST. CHARLES AVE, SUITE 4000
City-St-Zip: NEW ORLEANS, LA 70170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAN SMITH

DP

03/26/2009

Electronic Signature of Signing Officer or Director

Date