2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731094

Apr 13, 2009 Secretary of State

Entity Name: WHITE SANDS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2477 STICKNEY POINT RD STE 118A SARASOTA, FL 34231

New Mailing Address: Current Mailing Address:

2477 STICKNEY POINT RD **STE 118A** SARASOTA, FL 34231

FEI Number: 59-1913462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARGUS PROPERTY MGMT. 2477 STICKNEY PT RD. #118A SARASOTA, FL 34231 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete PRONOVOST, MEG VARILEK, RONALD Name: Name: 4172 BROOK POINTE CT Address: 5621 MIDNIGHT PASS ROAD #617 Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34242

Title: SEC () Delete Title: (X) Change () Addition BLASENAK, GEORGE Name: BLASENAK, GEORGE Name:

Address: 5653 MIDNIGHT PARK RD. #704 Address: 5653 MIDNIGHT PARK RD. #704

City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: (X) Change () Addition HUGHES, RICH HUGHES, RICK Name: Name: 5118 SYLVAN OAKS Address: Address: 5118 SYLVAN OAKS City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition PAGE, MURIEL Name: Name: JURGENSEN, JOESEPH

5637 MIDNIGHT PASS Address: Address: PO BOX 223

City-St-Zip: SARASOTA, FL 34242 City-St-Zip: BASS RIVER, MA 02664

Title: () Delete Title: (X) Change () Addition KITZGERALD, CHARLES Name: Name: FITZGERALD, CHARLES

5627 MIDNIGHT PASS RD. #601 5627 MIDNIGHT PASS RD. #601 Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240

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: CHARLES FITZGERALD **PRES** 04/13/2009