

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90403 016 ****61.25

DOCUMENT # 747746

1. Entity Name
WHITE SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2311 W. GULF
SANIBEL, FL 33957 US**

Mailing Address
**P O BOX 100
SANIBEL, FL 33957 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1986275

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957**

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

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 PD ☐ Delete
NAME VIRZI, RICHARD
STREET ADDRESS 354 MAY STREET
CITY-ST-ZIP ELMHURST, IL

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

TITLE SD ☒ Delete
NAME FRANE, JANET
STREET ADDRESS 444 SHERWOOD DRIVE
CITY-ST-ZIP WEBSTER GROVES, MO 63119

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS Pool, Marion
CITY-ST-ZIP 2311 W. Gulf Dr # 25
SANIBEL FL 33957

TITLE D ☐ Delete
NAME WHITE, AL
STREET ADDRESS 3487 LAKEVIEW LN
CITY-ST-ZIP CARANDAIGUA, NY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard Virzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08 239 4725020