

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90037 005 ****61.25

DOCUMENT # 752114

1. Entity Name
**WHITE SANDS OF LONGBOAT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**307 S ORANGE AVE
SARASOTA, FL 34236 US**

Mailing Address
**307 S ORANGE AVE
SARASOTA, FL 34236 US**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2061637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REES, PAULA
1801 MAIN STREET
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

02-06-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERIALAS, JOHN NEVINS, DONALD
STREET ADDRESS	105 CLINTON STR, BOX 241 1449 ORLANDO BLVD
CITY-ST-ZIP	ITHACA, NY PORT CHARLOTTE, FL 33952
TITLE	VP
NAME	KELLAWAY, KEN
STREET ADDRESS	175 PINE ST
CITY-ST-ZIP	NORWELL, MA 02061
TITLE	D
NAME	WEBBER, ROBERT CAROLLO, ROBERT
STREET ADDRESS	35 CHAMPEL AVE 2977 TALON DRIVE
CITY-ST-ZIP	BROOKHAVEN, NY CLEARWATER, FL 33761
TITLE	S
NAME	RABALAIS, BEVERLY
STREET ADDRESS	1564 STEWART DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	T+P
NAME	BOULAY, DONNA MARIA
STREET ADDRESS	18 MIO OAKS LN
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	D
NAME	COATES, MICHELLE
STREET ADDRESS	108 DRAKE ROAD
CITY-ST-ZIP	LANSING, NY 14882

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IN THIS SPACE**

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 #

2/6/07 **PRES.**