2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#752114

FILED Mar 11, 2009 Secretary of State

Entity Name: WHITE SANDS OF LONGBOAT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
307 S ORA SARASOT.	NGE AVE A, FL 34236	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
307 S ORA SARASOT	NGE AVE A, FL 34236	US			
FEI Number:	59-2061637	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:					
REES, PAU 1801 MAIN SARASOT.		US			
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATUF					
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () NEVINS, DONAL 1419 ORLANDO PORT CHARLO	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () KELLAWAY, KE 175 PINE ST NORWELL, MA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CAROLLO, ROE 2977 TALON DE CLEARWATER,	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () RABALAIS, BEV 988 BLVD OF A SARASOTA, FL	RTS 1512	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BOULAY, DONN 18 MIO OAKS L SAINT PAUL, MI	N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COATES, MICHI 108 DRAKE RO LANSING, NY 1	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
l baratura -	المراجع	ormation cumplied with this filing		antion stated in Chapter 440	

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: DONNA-MARIE BOULAY P 03/11/2009