## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #753314** 1. Entity Name



**FILED** 

May 01, 2006 8:00 am Secretary of State

05-01-2006 90440 020 \*\*\*\*61.25

WHITE SANDS CLUB CONDOMINIUM ASSOCIATION, INC.									
C/O P + T PROPERTY MANAGEMENT C/O F 15660 SAN CARLOS BLVD, STE 40 1566		ng Address P+T PROPERTY MANAGEMENT 60 SAN CARLOS BLVD, STE 40 IT MYERS, FL 33908			-{ 	a Hiaa iitai wan arat ekan alan.	01211 B1611 G1617 A121	11( <b>8) 8)</b> (8 <b>9</b> )	
Principal Place of Business     3. Maili		iling Address							
Suite, Apt. #, etc. Sui		uite, Apt. #, etc.			01052006 C	hg-NP CR2E	037 (11/05)		
City & State Cit		City	ly & State			4. FEI Number 59-230651	16	<b></b>	plied For
Zip	Country	Zip Cou		Cou	intry	5. Certificate of Status Desired  \$8.75 Additional Fee Required			litional
	6. Name and Address of Currer	nt Registered	i Agent			7. Name and Add	Iress of New Registere	d Agent	
2155 51					Name				
SAPP, PAUL L 155660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908					Street Address (P.O. Box Number is Not Acceptable)				
LOKI WIT	LN3, FE 33906								
					City		F	L Zip Code	e
	named entity submits this statement tions of registered agent.	for the purpo	se of changing its re	egistere	ed office or registe	red agent, or both, in	the State of Florida. I ar	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if apple	cable (NOTE:	Registered	d Agent signature require	d when reinstating)	DATE	<u>.</u>	
Filing Fee is \$61.25 Due by May 1, 2006			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		_		Added to Fees		arunent or Si	tate
TITLE NAME	D			11.			ES TO OFFICERS AND I		
i	SCHANKE, DON		☑ Delete	TITLE	DŦ	ADDITIONS/CHANG	DUAN		
STREET ADDRESS	SCHANKE, DON 260 THIRD STREET SOUTH		☐ Delete	TITLE NAME STREE	ET ADDRESS	ADDITIONS/CHANG AUL MCE O BOX 21 25 OTTAGA	120 157	DIRECTORS IN Change	10
STREET ADDRESS CITY-ST-ZIP	SCHANKE, DON 260 THIRD STREET SOUTH NAPLES, FL		(	TITLE NAME STREE CITY	E ADDRESS	ADDITIONS/CHANG  RUL MCE  PO BOX 2/ 25 OTTAGE  OGUNOUM	OUAN 120 557, T. ME 0396	DIRECTORS IN Change	10 Addition
STREET ADDRESS CITY-ST-ZIP TITLE	SCHANKE, DON 260 THIRD STREET SOUTH NAPLES, FL STD		Delete	TITLE NAME STREE CITY-	E ADDRESS	ADDITIONS/CHANG  RUL MCE  PO BOX 2/ 25 OTTAGE  OGUNOUM	OUAN 120 557, T. ME 0396	DIRECTORS IN Change	10
STREET ADDRESS CITY-ST-ZIP	SCHANKE, DON 260 THIRD STREET SOUTH NAPLES, FL		(	TITLE NAME STREE CITY TITLE	ET ADDRESS -ST-ZIP DDA	ADDITIONS/CHANG AUL MCE OBOX 21 25 GTTAGG OGUNQUI ANIEL COLO 321 NW/0	DUAN 120 5 ST, ME 039E E th Ans	DIRECTORS IN  Change	10 Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SCHANKE, DON 260 THIRD STREET SOUTH NAPLES, FL STD BENNETT, IRIS		(	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP DDA	ADDITIONS/CHANG AUL MCE OBOX 21 25 GTTAGG OGUNQUI ANIEL COLO 321 NW/0	DUAN 120 5 ST, ME 039E E th Ans	DIRECTORS IN  Change	10 Addition
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	SCHANKE, DON 260 THIRD STREET SOUTH NAPLES, FL STD BENNETT, IRIS 204 PINE BROOK DRIVE		(	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP DDA	ADDITIONS/CHANG AUL MCE OBOX 21 25 GTTAGG OGUNQUI ANIEL COLO 321 NW/0	DUAN 120 5 ST, ME 039E E th Ans	DIRECTORS IN  Change	10 Addition
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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.

NAME

Delete

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

SHEEHAN, PAUL

STUART, FL 34994

MURFREESBORO, TN 37129

1225 NW 21ST ST, # 2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. CLIFFORD STANTON | Change Vaddition 143 FRONT ST,

CARVILLE, ONTARIO, CANADA LEJIAI