[redacted]

FILED
Jan 14, 2008 08
Secretary of

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031777

1. Entity Name
WHITE SANDS SHORELINE PROTECTION ASSOCIATION, LLC

Principal Place of Business
229 WHITE SANDS DRIVE
PORT ST. JOE, FL 32456 US

Mailing Address
229 WHITE SANDS DRIVE
PORT ST. JOE, FL 32456 US

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ $5.00 Ad
Fee Requir

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHOLZ, S. RUSSELL
116 SAILOR'S COVE DRIVE
PORT ST. JOE, FL 32456

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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000781689
01/15/08-80044-010

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLZ, RAYMOND A
STREET ADDRESS	229 WHITE SANDS DRIVE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	BLAKE, JACK
STREET ADDRESS	263 WHITE SANDS DRIVE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	PIERCE, JAMES
STREET ADDRESS	289 WHITE SANDS DRIVE
CITY-ST-ZIP	PORT ST. JOE, FL 323456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WF
IN THIS SF

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flori
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; th
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Stat

January

SIGNATURE: S. Russell Scholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE