


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90092 034 ****61.25

DOCUMENT # N01000005639

1. Entity Name
WHITE SAND VILLAS CONDOMINIUM ASSOCIATION, INC.



40062917



01312005 Chg-NP CR2E037 (10/03)

Principal Place of Business
**C/O STEVEN M. FALK, ESQUIRE
 850 PARK SHORE DRIVE
 NAPLES, FL 34103**

Mailing Address
**C/O STEVEN M. FALK, ESQUIRE
 850 PARK SHORE DRIVE
 NAPLES, FL 34103**

2. Principal Place of Business
200 ESTERO BLVD
 Suite, Apt. #, etc.

3. Mailing Address
275 ESTERO BLVD
 Suite, Apt. #, etc.

City & State
FORT MYERS BEACH FL

City & State
FORT MYERS BEACH FL

Zip
33931 Country **US**

Zip
33931 Country **US**

4. FEI Number
34-1964790

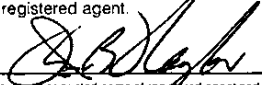
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FALK, STEVEN M ESQ.—
 850 PARK SHORE DRIVE
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent
 Name **JOHN B. NAYLOR**
 Street Address (P.O. Box Number is Not Acceptable)
275 ESTERO BLVD
 City **FORT MYERS BEACH FL** Zip Code **33931**

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  **JOHN B. NAYLOR** DATE **1/31/05**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYKIN, ROBERT W 45 W. PROSPECT AVENUE #1500 CLEVELAND, OH 441151039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTI, RICHARD C 45 W. PROSPECT AVENUE #1500 CLEVELAND, OH 441151039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, ANDREW C 45 W. PROSPECT AVENUE #1500 CLEVELAND, OH 441151039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENTINE, RUSS C 45 WEST PROSPECT AVENUE #1500 CLEVELAND, OH 441151039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JULIETTE RICHTER 2022 EL DORADO PARKWAY WEST CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEITH HOSKINS 801 W. COLISEUM BLVD FORT WAYNE IN 46808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARGARET MUELLER 516 HAWTHORNE AVE BARTLETT IL 60103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH KIEVIT 70 ROSALIE AVE CLIFTON NJ 07011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK VIEAU 5994 NORTH PIKE LAKE ROAD DULUTH MN 55811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PEGGY SCARPATI 275 ESTERO BLVD FORT MYERS BEACH FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **PEGGY SCARPATI Assistant Secretary** DATE **1/31/05** DAYTIME PHONE # **239 463 8642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #