


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90064 001 \*\*\*\*61.25

**DOCUMENT # N01000005639**  
1. Entity Name  
**WHITE SAND VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **200 ESTERO BLVD FORT MYERS BEACH FL 33931**  
Mailing Address: **275 ESTERO BLVD FORT MYERS BEACH FL 33931**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

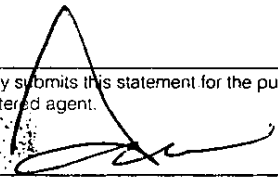
1st MOORE CR2E037 (10/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

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  
**NAYLOR, JOHN B  
275 ESTERO BLVD  
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent  
Name: **Brian M. Miska**  
Street Address (P.O. Box Number is Not Acceptable): **275 Estero Blvd**  
City: **Ft Myers Bch.** 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:   
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW! 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/3/06 239 463 8601**