
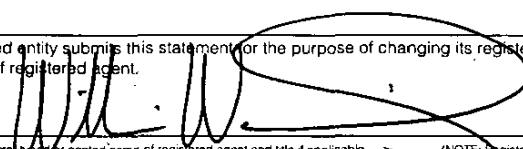
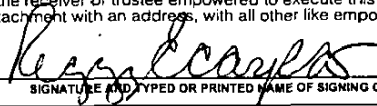


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 043 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-1964790	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MISKA, BRIJ M 275 ESTERO BLVD FORT MYERS BEACH, FL 33931				Name <u>Bill Waichulis</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>275 Estero Blvd</u>	
				City <u>Fort Myers Beach</u> FL Zip Code <u>33931</u>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHTER, JULIETTE 2022 EL DORADO PKWY WEST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSKINS, KEITH 801 W. COLISEUM BLVD FORT WAYNE, IN 46808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert A. Beeby 15555 FM 2920 Tom Ball, TX 77377	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUELLER, MARGARET 516 HAWTHORNE AVE BARTLETT, IL 60103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Mark Vieau 5994 N. Pike Lake Rd Duluth, MN 55811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEVIT, KENNETH 70 ROSLIE AVE CLIFTON, NJ 07011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIEAU, MARK 5994 NORTH PIKE LAKE ROAD DULUTH, MN 55811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Edward Halpern 13891 Bleheim Trail Ft Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCARPATI, PEGGY 275 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	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 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.					
SIGNATURE:  DATE: <u>4/27/07</u> Daytime Phone #					