

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008614

FILED
Sep 02, 2004
Secretary of State**Entity Name:** WHITESANDS VOLLEYBALL OF SARASOTA, INC.**Current Principal Place of Business:**4872 WATERBRIDGE DOWN
SARASOTA, FL 342357215**New Principal Place of Business:****Current Mailing Address:**4872 WATERBRIDGE DOWN
SARASOTA, FL 342357215**New Mailing Address:****FEI Number:** 65-1158174**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DEAN, BOBBIE J
4872 WATERBRIDGE DOWN
SARASOTA, FL 342357215 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEAN, BOBBIE J
Address: 4872 WATERBRIDGE DOWN
City-St-Zip: SARASOTA, FL 342357215

Title: D () Delete
Name: MONTGOMERY, RUTH
Address: 2922 HILLVIEW STREET
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: RHODES, KELLY D
Address: 4622 LONGWATER CHASE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: CLARKSON, JUDITH
Address: 1328 STOEBER AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: ERB, SHERRY
Address: 2203 BROOKHAVEN DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: DUBOSE, E. KEITH
Address: P.O. BOX 49377
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE DEAN

D

09/02/2004

Electronic Signature of Signing Officer or Director

Date