

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90096 044 \*\*\*\*61.25

**DOCUMENT # N05000003535**

1. Entity Name

**CHALETS ON WHITE SANDS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**251 WINDWARD PASS  
SUITE F  
CLEARWATER FL 33767**

Mailing Address

**251 WINDWARD PASS  
SUITE F  
CLEARWATER FL 33767**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

**20-2893875**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, SHERON  
NOBLES MANAGEMENT  
251 WINDWARD PASS SUITE F  
CLEARWATER FL 33767**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

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	<input type="checkbox"/> Delete
NAME	WOLF, JOHN	
STREET ADDRESS	14 SOMERSET ST. #602	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JACKSON, CAROLE	
STREET ADDRESS	14 SOMERSET ST. #502	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FISCHER, DOTTIE	
STREET ADDRESS	14 SOMERSET ST.	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESTRE, ERNEST	
STREET ADDRESS	14 SOMERSET ST. #303	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEEKS, MICHAEL	
STREET ADDRESS	14 SOMERSET ST. #403	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARY SIEGAL	
STREET ADDRESS	14 SOMERSET ST. #202	
CITY ST ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/7

727.442.4306