2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003535

FILED Apr 10, 2009 Secretary of State

Entity Name: CHALETS ON WHITE SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

251 WINDWARD PASS 14 SOMERSET ST SUITE F **UNIT 602**

CLEARWATER, FL 33767 CLEARWATER, FL 33767

Current Mailing Address: New Mailing Address:

C/O S/3 CONSULTING GROUP, LLC 251 WINDWARD PASS SUITE F 19534 GULF BLVD # 202 CLEARWATER, FL 33767 INDIAN SHORES, FL 33785 US

FEI Number: 20-2893875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NICHOLS, SHERON SMITH, WILLIAM F 19534 GULF BLVD NOBLES MANAGEMENT

251 WINDWARD PASS SUITE F UNIT 202

CLEARWATER, FL 33767 US INDIAN SHORES, FL 33785 US

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: WILLIAM F SMITH 04/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

WOLF, JOHN Name: Name: 14 SOMERSET ST. #602 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip:

Title: DS () Delete Title: SD (X) Change () Addition JACKSON, CAROLE Name: JACKSON, CAROLE Name:

Address: 14 SOMERSET ST. #502 Address: 121 BOONE TRAIL City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: SEVERNA PARK, MD 21146

Title: () Delete Title: (X) Change () Addition FISCHER, DOTTIE FISCHER, DOTTIE Name: Name:

14 SOMERSET ST. Address: Address: 14 SOMERSET ST. # 501 CLEARWATER, FL 33767 City-St-Zip: City-St-Zip: CLEARWATER, FL 33767

Title: () Delete Title: VD (X) Change () Addition Name: MESTRE, ERNEST Name: MESTRE, ERNEST

Address: 14 SOMERSET ST. #303 Address: 5497 LAKE LECLARE ROAD

City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: LUTZ, FL 33558

Title: () Delete Title: VD (X) Change () Addition

ROBERTS, GARY ROBERTS, GARY Name: Name:

14 SOMERSET #201 223 WINDWARD PASSAGE Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN WOLF PD 04/10/2009