FILED
May 20, 2008 8:00 am
Secretary of State
04-21-2008 90063 006 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000007555

1. Entity Name
CHATEAU ON WHITE SANDS CONDOMINIUM ASSOCIATION, INC.

66011103

Principal Place of Business	Mailing Address
483 MANDALAY AVE 209 CLEARWATER, FL 33767	483 MANDALAY AVE 209 CLEARWATER, FL 33767

04182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
251 WINDWARD PASS.	251 WINDWARD PASS.
Suite, Apt. #, etc. SUITE F	Suite, Apt. #, etc. SUITE F
City & State CLEARWATER, FL.	City & State CLEARWATER, FL.
Zip 33767 Country PINELLAS	Zip 33767 Country PINELLAS

4. FEI Number 26-0636264 ☐ 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
WARD, R. CARLTON 1253 PARK STREET CLEARWATER, FL 33756	Name: Sheron O. Nichols Street Address (P.O. Box Number is Not Acceptable): c/o Jim Nobles Management, Inc. 251 Windward Passage, Suite F City: Clearwater FL Zip Code: 33767

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: Sheron Nichols Sheron O. Nichols 4/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LELE, UDAY 483 MANDALAY AVE 209 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ABHYANKAR, SUNIL 483 MANDALAY AVE 209 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PATEL, HARISH 483 MANDALAY AVE 209 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: UDAY LELE 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #