

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007555

FILED
Feb 27, 2009
Secretary of State

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

Current Principal Place of Business:

251 WINDWARD PASS. STE F
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

Current Mailing Address:

251 WINDWARD PASS. STE F
CLEARWATER BEACH, FL 33767

New Mailing Address:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

FEI Number: 26-0636264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, SHERON O
% JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASAGE, STE F
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 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: SHERON O. NICHOLS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LELE, UDAY
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767

Title: DVP () Delete
Name: ABHYANKAR, SUNIL
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767

Title: DST () Delete
Name: PATEL, HARISH
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LELE, UDAY
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767 US

Title: VPD (X) Change () Addition
Name: ABYHANKAR, ANJANI
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767 US

Title: TSD (X) Change () Addition
Name: PATEL, HARISH
Address: 483 MANDALAY AVE 209
City-St-Zip: CLEARWATER, FL 33767 US

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: UDAY LELE

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date