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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32233** (1)

1. Corporation Name

WHITE SANDS LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1395
KEYSTONE HEIGHTS FL 32656

P.O. BOX 1395
KEYSTONE HEIGHTS FL 32656



3. Date Incorporated or Qualified

05/11/1989

4. FEI Number

59-2908374

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIZABETH R. NAIL
5957 WHITE SANDS RD
KEYSTONE HEIGHTS FL 32656

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Elizabeth R. Nail, Treasurer

1-16-98

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD PHILLIPS, SHERMAN**
STREET ADDRESS **7060 BRIGHT WATER DR**
CITY-ST-ZIP **KEYSTONE HGTS. FL 32656**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **President Clifford Echols**
1.3 STREET ADDRESS **5943 White Sands Rd**
1.4 CITY-ST-ZIP **Keystone Hts, FL 32656**

TITLE ☐ DELETE
NAME **VD LARRY SANDS**
STREET ADDRESS **5961 WHITE SANDS ROAD**
CITY-ST-ZIP **KEYSTONE HGTS FL 32356**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD SETZER, PAULA**
STREET ADDRESS **5847 WHITE SANDS ROAD**
CITY-ST-ZIP **KEYSTONE HGTS FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Secretary Mary Ann Cox**
3.3 STREET ADDRESS **5863 White Sands Rd**
3.4 CITY-ST-ZIP **Keystone Hts, FL 32656**

TITLE ☐ DELETE
NAME **TD ELIZABETH R. NAIL**
STREET ADDRESS **5957 WHITE SANDS RD**
CITY-ST-ZIP **KEYSTONE HGTS FL 32656**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D. S. J. King**
STREET ADDRESS **5953 White Sands Rd**
CITY-ST-ZIP **Keystone Hts, FL 32656**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D. Raymond S. Farnin**
5.3 STREET ADDRESS **P.O. Box 742 (5847 White Sands Rd)**
5.4 CITY-ST-ZIP **Keystone Hts, FL 32656**

TITLE ☒ DELETE
NAME **D. P. Robinson**
STREET ADDRESS **5961 White Sands Rd**
CITY-ST-ZIP **Keystone Hts, FL 32656**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth R. Nail* **ELIZABETH R. NAIL** **1-16-98** **352-473-3228**

CR2E037 (10/97)