

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90018 002 ****61.25

0012206

DOCUMENT # N32233

1. Corporation Name

WHITE SANDS LAKE ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 1395
KEYSTONE HEIGHTS FL 32656

Mailing Address
P.O. BOX 1395
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/11/1989

4. FEI Number
59-2908374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Nail*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ECHOLS, CLIFFORD**
STREET ADDRESS **5943 SANDS RD**
CITY-ST-ZIP **KEYSTONE HGTS. FL 32656**

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

TITLE **S** ☐ DELETE
NAME **COX, MARY ANN**
STREET ADDRESS **5847 WHITE SANDS ROAD**
CITY-ST-ZIP **KEYSTONE HGTS FL 32656**

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

TITLE **D** ☐ DELETE
NAME **ROBERSON, J F**
STREET ADDRESS **5961 WHITE SANDS RD**
CITY-ST-ZIP **KEYSTONE HGTS FL 32656**

TITLE **D** ☐ DELETE
NAME **KING, S.J.**
STREET ADDRESS **5253 WHITE SANDS RD.**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

ELIZABETH R. NAIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 352-473-3228

CR2E037 (11/98)