

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90136 045 ****61.25

DOCUMENT # N32233

1. Entity 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

911500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2908374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Monica Whalen**
 Street Address (P.O. Box Number is Not Acceptable)
7076 BRIGHTWATER DR.
KEYSTONE Heights
 City **FL** Zip Code **32656**

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.

SIGNATURE **Monica Whalen** **Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHOLS, CLIFFORD 5943 SANDS RD KEYSTONE HGTS. FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRY SANDS 5961 WHITE SANDS ROAD KEYSTONE HGTS FL 32356	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, MARY ANN 5847 WHITE SANDS ROAD KEYSTONE HGTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIZABETH R. NAIL 5957 WHITE SANDS RD KEYSTONE HGTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, J F 5961 WHITE SANDS RD KEYSTONE HGTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, REEDA 5969 WHITE SANDS RD KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERMAN Phillips 7060 BRIGHTWATER DR. KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVE KNAPP 7044 BRIGHTWATER DR. KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOT FARRIS 5847 White Sands Rd. KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONICA WHALEN 7076 BRIGHTWATER DR. KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY SANDS 59561 CR 352 KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Beyer 7050 BRIGHTWATER DR. KEYSTONE Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **Monica Whalen** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

Daytime Phone #

CR2E037 (10/00)