

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM
Secretary of State

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

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2908374

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

BARKER, BETTY S
7072 BRIGHTWATER DRIVE
KEYSTONE HEIGHTS FL 32656

Name

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

City

FL

Zip Code

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

Betty S. Barker

Betty S. Barker

2/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE P
NAME PAYNE, DAVID ☐ Delete
STREET ADDRESS 5727 COUNTY RD 352
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE VP
NAME AIRMAN, HUGH ☐ Delete
STREET ADDRESS 5975 COUNTY RD 352
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE S
NAME SANDS, LYNN ☐ Delete
STREET ADDRESS 5621 COUNTY RD 352
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE TD
NAME BARKER, BETTY S ☐ Delete
STREET ADDRESS 7072 BRIGHTWATER DR
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D
NAME SANDS, LARRY ☐ Delete
STREET ADDRESS 5651 CR 352
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D
NAME PHILLIPS, SHERMAN ☐ Delete
STREET ADDRESS 7060 BRIGHWATER DR
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000058503
CITY-ST-ZIP 02/20/04-80040-009 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Betty S. Barker

2/16/04 352 473-3824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #