

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90038 032 ****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

2. Principal Place of Business

P.O. Box 1395
Suite, Apt. #, etc.
Keystone Heights FL
City & State
32656 CLAY
Zip Country

3. Mailing Address

P.O. Box 1395
Suite, Apt. #, etc.
Keystone Heights FL
City & State
32656 CLAY
Zip Country



1st MOORE

CR2E037 (10/04)

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

BARKER, BETTY S
7072 BRIGHTWATER DRIVE
KEYSTONE HEIGHTS FL 23656

7. Name and Address of New Registered Agent

Name
N/A
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

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, 2005

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	<input type="checkbox"/> Delete
NAME	PAYNE, DAVID	
STREET ADDRESS	5727 COUNTY RD 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AIRMAN, HUGH	
STREET ADDRESS	5975 COUNTY RD 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDS, LYNN	
STREET ADDRESS	5621 COUNTY RD 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARKER, BETTY S	
STREET ADDRESS	7072 BRIGHTWATER DR	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDS, LARRY	
STREET ADDRESS	5651 CR 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, SHERMAN	
STREET ADDRESS	7060 BRIGHTWATER DR	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 *352 473-3824*
Date Daytime Phone #