


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90122 050 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01182006 Chg-NP CR2E037 (11/05)

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 **Marilyn M. Sands**

Street Address (P.O. Box Number is Not Acceptable)
5651 County Road 352

City **Keystone Heights 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marilyn M. Sands DATE 01/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME Wayne Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7020 Brightwater Drive	CITY-ST-ZIP Keystone Heights, FL 32656	
TITLE D	NAME Cindy Picklesimer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Keystone Heights, FL 32656	CITY-ST-ZIP Keystone Heights, FL 32656	
TITLE S/T	NAME Marilyn M. Sands	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5651 County Road 352	CITY-ST-ZIP Keystone Heights, FL 32656	
TITLE D	NAME BJ Quinn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5663 County Road 352	CITY-ST-ZIP Keystone Heights, FL 32656	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marilyn M. Sands Marilyn M. Sands DATE 01/18/06 DAYTIME PHONE # 352-473-0491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR