

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 A
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**



02042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2908374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDS, MARILYN
5651 COUNTY RD. 352
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, WAYNE 7020 BRIGHTWATER DR. KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKELSLNER, CINDY 5975 COUNTY RD 352 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDS, MARILYN M 5621 COUNTY RD 352 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'QUINN, B.J. 5663 COUNTY RD. 352 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, LARRY 5651 CR 352 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/07/07-80074-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 2/19/07 352-258-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #