2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N32233

Entity Name: WHITE SANDS LAKE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1395
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

5651 COUNTY ROAD 352
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P.O. BOX 1395
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-2908374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDS, MARILYN
5651 COUNTY RD. 352
KEYSTONE HEIGHTS, FL 23656 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTIN, WAYNE
Address: 7020 BRIGHTWATER DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: GORDON, REGAN
Address: 8643 OSPREY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: ST ( ) Delete
Name: SANDS, MARILYN M
Address: 5621 COUNTY RD 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: O'QUINN, B.J.
Address: 5663 COUNTY RD. 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: SANDS, LARRY
Address: 5651 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARTIN, WAYNE
Address: 7020 BRIGHTWATER DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN SANDS ST 01/28/2009
Electronic Signature of Signing Officer or Director — Date