2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State DOCUMENT # N32233** 01-23-2003 90116 004 ****61.25 1. Entity Name WHITE SANDS LAKE ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1395 P.O. BOX 1395 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2908374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARKER BETTY S Street Address (P.O. Box Number is Not Acceptable) 7072 BRIGHTWATER DRIVE **KEYSTONE HEIGHTS FL 23656** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete **Addition** Change TITLE TITLE KNAPP, DAVID NAME NAME STREET ADDRESS 7044 BRIGHTWATER DR STREET ADDRESS Heights, FL 3265 CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 TITLE Delete TITLE PAYNE, DAVID NAME NAME County Rd. 352 5727 COUNTY ROAD 352 STREET ADDRESS STREET ADDRESS eystone Heights FL 32656 ymas Sonds, Lynn (5) Change Addition 621 County Rd. 352 CITY-ST-ZIP CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656** Delete TITLE TITLE FARRIS, DOT NAME NAME 5847 WHITE SANDS ROAD STREET ADDRESS STREET ADDRESS Stone Heights FL 32656 CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 Delete TITLE TITL F BARKER, BETTY S NAME NAME wayer Pr. leights FL 32656 Change Addition wayer Dr. STREET ADDRESS 7072 BRIGHTWATER DR STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP TITLE ☐ Delete TITLE SANDS, LARRY NAME NAME STREET ADDRESS 5651 CR 352 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Addition TITLE Delete TITLE BEYER, THOMAS NAME NAME 7050 BRIGHTWATER DRIVE STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

KEYSTONE HEIGHTS FL 32656

STREET ADDRESS CITY-ST-ZIP

FILED