SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $150 (IF POSTMARKED, PROPERLY ADDRESSED AND PROPERLY STAMPED)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006229 (8)

1. Corporation Name

WHITESANDS VOLLEYBALL CLUB, INC.

Principal Place of Business	Mailing Address
4872 WATERBRIDGE DOWN SARASOTA FL 34235-7215	4872 WATERBRIDGE DOWN SARASOTA FL 34235-7215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0541854 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEAN, BOBBIE J
4872 WATERBRIDGE DOWN
SARASOTA FL 34235-7215

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/EXECUTIVE DIRECTOR	1.1 TITLE	☐ Change ☐ Addition
NAME	BOBBIE J. DEAN	1.2 NAME	
STREET ADDRESS	4872 WATERBRIDGE DOWN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235-7215	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES L. DEAN	2.2 NAME	
STREET ADDRESS	4872 WATERBRIDGE DOWN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235-7215	2.4 CITY-ST-ZIP	
TITLE	ASSISTANT DIRECTOR	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM MURRAY	3.2 NAME	
STREET ADDRESS	2146 DOOLITTLE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33953	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	☐ Change ☐ Addition
NAME	VICKI ANDERSON	4.2 NAME	
STREET ADDRESS	3915 GATEWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL. 34232	4.4 CITY-ST-ZIP	
TITLE	TREASURER	5.1 TITLE	☐ Change ☐ Addition
NAME	LAURIE EVANS	5.2 NAME	
STREET ADDRESS	2130 TAM OAK COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbie Dean (BOBBIE DEAN) 6-29-95 (941) 371-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016023