


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N9500002434	
1. Entity Name WHITESAND COVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 220 WHITESAND CT CASSELBERRY, FL 32707 US	Mailing Address 220 WHITESAND CT CASSELBERRY, FL 32707 US
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3403777	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SLONE, SHELDON J
220 WHITESAND CT
CASSELBERRY, FL 32707

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 *Sheldon J. Slone* **DATE** *1/18/04*

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, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, KEVIN 221 WHITELAND CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLONE, SHELDON 220 WHITESAND CT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEABERDERFER, RANDY 2280 WHITESAND CT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBAUM, DIANE 248 WHITESAND CT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000016023
01/28/04-B0037-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE: *Sheldon J. Slone* **DATE:** *1/18/04* **Daytime Phone #** *407-388-337*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR