2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N95000002434

Entity Name: WHITESAND COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

220 WHITESAND CT
CASSELBERRY, FL 32707 US

New Principal Place of Business:

260 WHITESAND CT
CASSELBERRY, FL 32707 US

Current Mailing Address:

220 WHITESAND CT
CASSELBERRY, FL 32707 US

New Mailing Address:

260 WHITESAND CT
CASSELBERRY, FL 32707 US

FEI Number: 59-3403777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLONE, SHELDON J
220 WHITESAND CT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MARTIN, MICHAEL A
260 WHITESAND CT
CASSELBERRY, FL 32707 US

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: MICHAEL MARTIN 04/19/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAHAM, KEVIN
Address: 221 WHITELAND
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: SLONE, SHELDON
Address: 220 WHITESAND CT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD ( ) Delete
Name: DEABERDERFER, RANDY
Address: 2280 WHITESANE CT
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete
Name: ROSENBAUM, DIANE
Address: 248 WHITESANE CT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARTIN, MICHAEL
Address: 260 WHITELAND CT
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change ( ) Addition
Name: SUKHADIA, KETNA
Address: 249 WHITESAND CT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD (X) Change ( ) Addition
Name: JAHANMIRY, NAHID
Address: 252 WHITESAND CT
City-St-Zip: CASSELBERRY, FL 32707

Title: SD (X) Change ( ) Addition
Name: ROBBS, JOHN
Address: 264 WHITESAND CT
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MARTIN PD 04/19/2005
Electronic Signature of Signing Officer or Director Date