

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002434

FILED  
May 15, 2006  
Secretary of State

**Entity Name:** WHITESAND COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

260 WHITESAND CT  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

260 WHITESAND CT  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 59-3403777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARTIN, MICHAEL A  
260 WHITESAND CT  
CASSELBERRY, FL 32707 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: PD ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 260 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: AKERS, SHAWN  
Address: 245 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD (X) Change ( ) Addition  
Name: SIMPSON, T. H.  
Address: 257 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MARTIN

PD

05/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date