

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002434

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: WHITESAND COVE HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

245 WHITE SAND CT  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

253 WHITESAND CT  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

245 WHITE SAND CT  
CASSELBERRY, FL 32707 US

## New Mailing Address:

253 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:

AKERS, SHAWN A  
245 WHITESAND CT  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

SEAGER, KIRK D  
253 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: KIRK D. SEAGER

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOSCATER, EUGENE  
Address: 220 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: VPD ( ) Delete  
Name: SIMPSON, T. H.  
Address: 257 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: PD (X) Change ( ) Addition  
Name: SEAGER, KIRK  
Address: 253 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change ( ) Addition  
Name: MOSCATER, EUGENE  
Address: 220 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KIRK D. SEAGER

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date