

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016320 (1)**

1. Corporation Name

WHITE SANDS PROPERTY MANAGEMENT, INC.

Principal Place of Business

**907 KLOSTERMAN ROAD E.
TARPON SPRINGS FL 34689**

Mailing Address

**907 KLOSTERMAN ROAD E.
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

4. FFI Number

59-3226829

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 907 KLOSTERMAN RD. EAST

2a. Mailing Address

26 907 KLOSTERMAN RD. EAST

Suite, Apt. # etc.

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip

24 34689

Country

25 U.S.

Zip

29 34689

Country

30 U.S.

9. Name and Address of Current Registered Agent

**PERKINS, CHRISTINE
907 KLOSTERMAN ROAD E.
TARPON SPRINGS FL 34689**

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 607.0502 and 607.1508, 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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Christine Perkins

Christine Perkins

4/19/95

12.

OFFICERS AND DIRECTORS

NAME

**D PERKINS, CHRISTINE
1433 CHESTERFIELD DRIVE
DUNEDIN FL 34698**

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

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STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. NAME

D/P/T

2. NAME

PERKINS, ARTHUR

3. STREET ADDRESS

1433 CHESTERFIELD DRIVE

4. CITY, ST. ZIP

DUNEDIN, FL 34698

☐ Change ☒ Addition

1. NAME

S

2. NAME

PUCKETT, RICHARD

3. STREET ADDRESS

P.O. BOX 1681 N/A

4. CITY, ST. ZIP

BLOWING ROCK, NC 28605

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as 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-in-possession to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE:

Arthur Perkins

Arthur Perkins

4/20/95

734-4654 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR