

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90154 016 ****61.25

DOCUMENT # 752899

1. Entity Name
WHITE SANDS OF LIDO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1050 BEN FRANKLIN DR.
 SARASOTA, FL 34236 US**

Mailing Address
**1050 BEN FRANKLIN DR.
 SARASOTA, FL 34236 US**

50024235



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0027169

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, KEVIN T ESQ
 2033 MAIN STREET
 STE 403
 SARASOTA, FL 34237**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **PURSON, PAULETTE**
 STREET ADDRESS **900 S. BLVD OF PRESIDENTS #7**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PRESIDENT** Change Addition
 NAME **Constance Kosler**
 STREET ADDRESS **400 S. BLVD OF Presidents #1**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **V** Delete
 NAME **BRENNER, LINDA**
 STREET ADDRESS **900 BLVD PRESIDENTS #3**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HARPER, MARY**
 STREET ADDRESS **900 BLVD PRESIDENTS #11**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **TREASURER** Change Addition
 NAME **ELAINE G. Johnson**
 STREET ADDRESS **960 S. BLVD Presidents # 2**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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, with all other like empowered.

SIGNATURE: Elaine G. Johnson - Elaine G. Johnson 3/7/05 941-388-3921
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #