


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752899**

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



|   |   |
|---|---|
| Principal Place of Business<br>1050 BEN FRANKLIN DR.<br>SARASOTA, FL 34236 US | Mailing Address<br>1050 BEN FRANKLIN DR.<br>SARASOTA, FL 34236 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0027169 | Applied For<br><input type="checkbox"/>    |
|                             | Not Applicable<br><input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KONSLER, CONSTANCE<br>400 S BLVD OF PRESIDENTS , # 1<br>SARASOTA, FL 34236 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BRENNER, LINDA<br>900 BLVD PRESIDENTS #3<br>SARASOTA, FL 34236             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JOHNSTON, ELAINE G<br>960 S BLVD OF PRESIDENTS, # 2<br>SARASOTA, FL 34236  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 03/29/07-80012-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Treasurer 3/16/07 941-690-1851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #