

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

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**



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number **65-0027169** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000876098
04/11/08-80059-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KONSLER, CONSTANCE**
STREET ADDRESS **400 S BLVD OF PRESIDENTS, # 1**
CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **T**
NAME **JOHNSTON, ELAINE G**
STREET ADDRESS **960 S BLVD OF PRESIDENTS, # 2**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/08

Daytime Phone # _____