

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752899

FILED  
Mar 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1050 BEN FRANKLIN DR.  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 BEN FRANKLIN DR.  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 65-0027169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RESORT PROPERTIES INC.  
1050 BEN FRANKLIN DR.  
SARASOTA, FL 34236 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: TOM L. HEATH

03/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KONSLE, CONSTANCE  
Address: 400 S BLVD OF PRESIDENTS , # 1  
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete  
Name: BRENNER, LINDA  
Address: 900 BLVD PRESIDENTS #3  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: JOHNSTON, ELAINE G  
Address: 960 S BLVD OF PRESIDENTS, # 2  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ELAINE G JOHNSTON

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date