

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90002 030 \*\*\*\*61.25

|  |   |   |   |   |                                    |
|--|---|---|---|---|------------------------------------|
| <b>DOCUMENT # 718841</b><br>1. Entity Name<br><b>LIDO TOWERS CONDOMINIUM, INC.</b>   |   |   |   |   |                                    |
| Principal Place of Business<br><b>1770 BEN FRANKLIN DR<br/>SARASOTA, FL 34236</b>  |   |   | Mailing Address<br><b>63 SARASOTA CENTER BLVD<br/>SUITE 104<br/>SARASOTA, FL 34240</b>  |   |                                    |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |                                    |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |                                    |
| City & State   |   | City & State  |   |   |                                    |
| Zip  | Country   | Zip   | Country   |   | 4. FEI Number<br><b>59-1460105</b> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>ADI PROPERTY MANAGEMENT<br/>63 SARASOTA CENTER BLVD<br/>SUITE 104<br/>SARASOTA, FL 34240</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>ARGUS MGMT</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3477 STICKNEY POINT RD, SUITE 118A</b><br>City <b>SARASOTA</b> FL <b>34231</b> |                                    |
| 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.<br><br>SIGNATURE <u><i>Deborah M. Gifford</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <b>5/6/08</b></span>  |   |   |   |   |                                    |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |                                    |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |   |   |                                    |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>DOW, ROBERT M<br>1770 BEN FRANKLIN DRIVE, #502<br>SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | P <b>DICK MERRIT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>17171 TAMBA DRIVE</b><br><b>STERLING IL 61081</b>             |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>STENBERG, DELORES<br>1770 BEN FRANKLIN DR #101<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | VP <b>BOB FELTZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1138 KATIE CIRCLE</b><br><b>BEAVERCREEK OH 45434</b>           |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>STEINBRINK, JOHN<br>1770 BEN FRANKLIN DR #407<br>SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | DIR <b>COSIMO MADAFFERI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>50 PETTICOAT ROAD</b><br><b>MAPLE ON L6A0L9 CANADA</b> |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LYNN, JOHN<br>1770 BEN FRANKLIN DR #704<br>SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>DAVIDSON, DAVE<br>1770 BEN FRANKLIN DRIVE, # 207<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>ADI PROPERTY MANAGEMENT<br>63 SARASOTA CENTER BLVD<br>SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |
| 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 <u><i>Deborah M. Gifford</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   | Date <b>5/6/08</b><br>Daytime Phone #   |                                    |

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**40108121**