

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90107 023 ****61.25

DOCUMENT # 746257

1. Entity Name

LIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business

1001 BEN FRANKLIN DR
 SARASOTA FL 34236

Mailing Address

1001 BEN FRANKLIN DR
 SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2013730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DASCENZO, VERONICA
 1001 BEN FRANKLIN DR
 #302
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Rosalie Arnold

Street Address (P.O. Box Number is Not Acceptable)

1001 Ben Franklin Dr. #605

City

Sarasota

FL

Zip Code

34236

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.

SIGNATURE

Rosalie Arnold

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	DASCENZO, VERONICA	
STREET ADDRESS	1001 BEN FRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MACKINNON, MICHAEL	
STREET ADDRESS	1355 TANGLEWOOD COURT	
CITY-ST-ZIP	WINDSOR ON N9J2K	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LISTON, DAVID	
STREET ADDRESS	1001 BEN FRANKLIN DRIVE #303	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDERS, THOMAS	
STREET ADDRESS	1009 N JACKSON #2405	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DICK	
STREET ADDRESS	P.O. BOX 162 RYLAND ROAD	
CITY-ST-ZIP	WHITEHOUSE NJ 08888	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FARR, ARTHUR	
STREET ADDRESS	583 LAKE FOREST DRIVE	
CITY-ST-ZIP	BAY VILLAGE OH 44140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold, Rosalie	
STREET ADDRESS	9 Golfview Drive	
CITY-ST-ZIP	Logansport, IN 46947	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Reifenberg	
STREET ADDRESS	4360 Washington Street	
CITY-ST-ZIP	Columbus, IN 47203	

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:

Rosalie Arnold

/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-2001

941-388-4160

CR2E037 (10/00)