
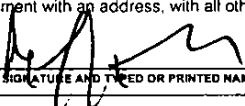


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90456 009 \*\*\*\*61.25

<b>DOCUMENT # 746257</b> 1. Entity Name <b>LIDO TOWERS OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236</b>			Mailing Address <b>1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2013730</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOBECK, DANIEL L LOBECK, HANSON, &amp; WELLS 2033 MAIN ST., STE 403 SARASOTA, FL 34237</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISISCHIA, KATHLEEN		NAME	DORCEN, Camille	
STREET ADDRESS	2404 RIVENDALE DR		STREET ADDRESS	525 OCEAN AVE. #503	
CITY-ST-ZIP	NEW LENOX, IL 60451		CITY-ST-ZIP	Long Branch, NJ 07740	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, FRED		NAME	HURST, MARYLYN	
STREET ADDRESS	3432 HARDWOOD FOREST DR.		STREET ADDRESS	1001 Ben Franklin - Unit 213	
CITY-ST-ZIP	LOUISVILLE, KY 40214		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, ANTHONY		NAME	KING, ANTHONY	
STREET ADDRESS	1001 BEN FRANKLIN DR #204		STREET ADDRESS	1001 Ben Franklin #204	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLIDAY, MICHAEL		NAME	HUTCHINSON, Philip	
STREET ADDRESS	34 HOLIDAY POINT ROAD		STREET ADDRESS	Long Bar, Letcombe Regis	
CITY-ST-ZIP	SHERMAN, CT 06784		CITY-ST-ZIP	Wantage, Oxfordshire England OX12 9SD	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAZAR, PAUL		NAME		
STREET ADDRESS	4037 S. LAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	SHELBY TWP., MI 48316		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOPPENBURG, BERNHARD		NAME		
STREET ADDRESS	9421 PEBBLE GLEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>MICHAEL HALLIDAY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Davine Phone #	

**60031868**



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