

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749019** (6)

1. Corporation Name

LIDO REGENCY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1700 BEN FRANKLIN DR
SARASOTA FL 34236**

**1700 BEN FRANKLIN DR
SARASOTA FL 34236**

3. Date Incorporated or Qualified
09/21/1979

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-1970853

Applied For
Not Applicable

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

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRENN, URSULA~~
**1700 BEN FRANKLIN DR
SARASOTA FL 34236**

81 Name **LEROI STUTZMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
1700 BEN FRANKLIN DR #5d
83 **SARASOTA FL. 34236**
84 City **SARASOTA FL 34236 FL** 85 Zip Code **34236**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Leroy Stutzman

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 23, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATSON, KAREN	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHULIG, ARTHUR	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RYAN, PENNY	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECTOR, SYDNEY	
STREET ADDRESS	1700 BEN FRANKLIN	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOCH, HEINZ	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRENN, URSULA	
STREET ADDRESS	1700 BEN FRANKLIN DR #5d	
CITY - ST - ZIP	SARASOTA FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNETH STEELE	
1.3 STREET ADDRESS	1700 BEN FRANKLIN DR #10E	
1.4 CITY - ST - ZIP	SARASOTA, FL 34236	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JULIAN B GALVIN	
2.3 STREET ADDRESS	1700 BEN FRANKLIN DR #4D	
2.4 CITY - ST - ZIP	SARASOTA, FL. 34236	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARCEL TEMMERMAN	
3.3 STREET ADDRESS	1700 BEN FRANKLIN DR #7D	
3.4 CITY - ST - ZIP	SARASOTA, FL. 34236	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEROI STUTZMAN	
6.3 STREET ADDRESS	1700 BEN FRANKLIN DR #5D	
6.4 CITY - ST - ZIP	SARASOTA, FL. 34236	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julian B Galvin **Julian B Galvin** 2/22/96 941/388-3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)