

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

3. Date Incorporated or Qualified 09/21/1979
3a. Date of Last Report 06/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1970853	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Country	28		\$5.00 May Be Added to Fees
23	City & State	City & State	29	6. Election Campaign Financing Trust Fund Contribution	
	Zip	Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRENK JURSOLO~~
1700 BEN FRANKLIN DR
~~PO BOX~~
SARASOTA FL 34236

81 Name LEROY 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 *Oct 23, 1996*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, KATE	1.2 NAME	KENNETH STEELE
STREET ADDRESS	1700 BEN FRANKLIN DR	1.3 STREET ADDRESS	1700 BEN FRANKLIN DR # 10E
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULG, ARTHUR	2.2 NAME	JULIAN B GALVIN
STREET ADDRESS	1700 BEN FRANKLIN DR	2.3 STREET ADDRESS	1700 BEN FRANKLIN DR #4D
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL. 34236
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, PENNY	3.2 NAME	MARCEL TEMMERMAN
STREET ADDRESS	1700 BEN FRANKLIN DR	3.3 STREET ADDRESS	1700 BEN FRANKLIN DR #7D
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL. 34236
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SPECTOR, SYDNEY	4.2 NAME	
STREET ADDRESS	1700 BEN FRANKLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BLOCH, HEINZ	5.2 NAME	
STREET ADDRESS	1700 BEN FRANKLIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENK JURSOLO	6.2 NAME	LEROY STUTZMAN
STREET ADDRESS	1700 BEN FRANKLIN DR PO BOX	6.3 STREET ADDRESS	1700 BEN FRANKLIN DR #5D
CITY-ST-ZIP	SARASOTA FL	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 2/22/90 941/388-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)