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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749019** (6)

1. Corporation Name

LIDO REGENCY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1700 BEN FRANKLIN DR
SARASOTA FL 34236**

Mailing Address

**1700 BEN FRANKLIN DR
SARASOTA FL 34236-2321**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

29
Zip

30
Country

3. Date Incorporated or Qualified
09/21/1979

3a. Date of Last Report
03/06/1996

4. FEI Number
59-1970853

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**STUTZMAN, LEROY
1700 BEN FRANKLIN DR
STE 5D
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **Lambert, John**
82 Street Address (P.O. Box Number is Not Acceptable)
1700 Ben Franklin Dr. #3E
83
84 City **Sarasota** **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 617.0508, Florida Statutes.

SIGNATURE

John T. Lambert

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, KENNETH	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GALVIN, JULIAN B.	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TEMMERMAN, MARCEL	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPECTOR, SYDNEY	
STREET ADDRESS	1700 BEN FRANKLIN	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOCH, HEINZ	
STREET ADDRESS	1700 BEN FRANKLIN DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STUTZMAN, LEROY	
STREET ADDRESS	1700 BEN FRANKLIN DR #5D	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARDEN JOHN	
1.3 STREET ADDRESS	1700 BEN FRANKLIN DR. #10D	
1.4 CITY - ST - ZIP	SARASOTA, FL 34236	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PLATANO, REGINA	
2.3 STREET ADDRESS	1700 BEN FRANKLIN DR #5A	
2.4 CITY - ST - ZIP	SARASOTA, FL 34236	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TEMMERMAN, MARCEL	
3.3 STREET ADDRESS	1700 BEN FRANKLIN DR #2D	
3.4 CITY - ST - ZIP	SARASOTA, FL 34236	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLOCH, HEINZ	
4.3 STREET ADDRESS	1700 BEN FRANKLIN DR. #6G	
4.4 CITY - ST - ZIP	SARASOTA, FL 34236	
5.1 TITLE	DS KIRKER, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1700 BEN FRANKLIN DR. #7E	
5.4 CITY - ST - ZIP	SARASOTA, FL 34236	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAMBERT JOHN	
6.3 STREET ADDRESS	1700 BEN FRANKLIN DR. #3E	
6.4 CITY - ST - ZIP	SARASOTA, FL 34236	

14. I do 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 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:

John T. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

Date

Daytime Phone # 0061332

CR2E037 (9/96)