

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749019

FILED
Jan 14, 2009
Secretary of State

Entity Name: LIDO REGENCY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

LIDO REGENCY CONDO
1700 BEN FRANKLIN DR
SARASTOA, FL 34236

New Principal Place of Business:

Current Mailing Address:

LIDO REGENCY CONDO
1700 BEN FRANKLIN DR
SARASTOA, FL 34236

New Mailing Address:

FEI Number: 59-1970853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DOUGLAS D MANAGER
1700 BEN FRANKLIN DR
#7F
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DASILVA, JACK
Address: 1700 BEN FRANKLIN DR #5B
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: BRENK, URSULA
Address: 1700 BEN FRANKLIN DR 4C
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: SOLAR, NANCY
Address: 1700 BEN FRANKLIN DR 12 G
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: ESSENSON, JAMES
Address: 1700 BEN FRANKLIN 9 C
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: CORDIAL, LARRY
Address: 1700 BEN FRANKLIN DR 3 A
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HUDOME, DICK
Address: 1700 BEN FRANKLIN DR #3G
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SOLAR

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date