

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749019

FILED  
Feb 22, 2010  
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:**

LIDO REGENCY CONDOMINIUM  
1700 BEN FRANKLIN DR  
SARASTOA, FL 34236

**Current Mailing Address:**

LIDO REGENCY CONDO  
1700 BEN FRANKLIN DR  
SARASTOA, FL 34236

**New Mailing Address:**

LIDO REGENCY CONDOMINIUM  
1700 BEN FRANKLIN DR  
SARASTOA, FL 34236

**FEI Number:** 59-1970853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: HELLER, DAVID  
Address: 1700 BEN FRANKLIN DR #7G  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: WALTER, ALEX  
Address: 1700 BEN FRANKLIN DR #9E  
City-St-Zip: SARASOTA, FL 34236

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

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

Title: T  
Name: VILLANOVA, JOHN  
Address: 1700 BEN FRANKLIN DR #9G  
City-St-Zip: SARASOTA, FL 34236

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY SOLAR

P

02/22/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date