

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90114 025 ****61.25

DOCUMENT # N00000003543 1. Entity Name LIDO ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business %GABLES PROPERTY MANGEMENT 3300 CORPORATE AVE., #110 WESTON, FL 33331 US			Mailing Address P.O.BOX 823096 PEMBROKE PINES, FL 33082-3096 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-1073407	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND RD., STE. 540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, HAYNES 773 SW 167TH AVENUE PEMBROKE PINES, FL 33027 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRIS, KRYSTY 16748 SW 16TH STREET PEMBROKE PINES, FL 33027 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SD MADELINE NASCIMENTO 1413 SW 167 AVE PEMBROKE PINES 33027 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEATHER, JOHNSON 16898 SW 16TH STREET PEMBROKE PINES, FL 33027 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JUAN, TORRES C 17028 SW 16TH STREET PEMBROKE PINES, FL 33027 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GABRIEL, DE LA PENA 16732 SW 12TH STREET PEMBROKE PINES, FL 33027 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Director ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/22/06 Daytime Phone #		