## <sup>→</sup> 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000003543

LIDO ISLES HOMEOWNERS ASSOCIATION, INC.



**FILED** Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90042 039 \*\*\*\*61.25

Principal Place of Business  4400 W SAMPLE RD  SUITE 200  COCONUT CREEK FL 33073-3450  2. Principal Place of Business  Suite, Apt. #, etc.				Mailing Address 4400 W SAMPLE RD SUITE 200 COCONUT CREEK FL 33073-3450  3. Mailing Address Suite, Apt. #, etc.									
								☐ CHECK HERE IF MAKING CHANGES					_
City & Stat	te	City & State			<b>4</b> . f		4. FEI Number <b>65-1073407</b>				Applied For  Not Applicable		
Zip Country			Zip		entry		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Current R	egistere	d Agent		Nome		7. Name and Add	ress of New Re	gistered Aç	ent		1
MINTO COMMUNITIES, INC. ATTN MICHAEL GREENBERG 4400 W SAMPLE RD SUITE 200						Name Street Address (P.O. Box Number is Not Acceptable)							
COCONUT CREEK FL 33073-3450					City				FL	Zip Cod	de	†	
the obligat	tions of registe	or printed name of registered agent an	· · ·		: Registere	d Agent signature i	required w	hen reinstating)		DATE			-
FILE NOW: FEE IS \$61.25				Trust Fund Contributio			J ,	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			State		
NAME STREET ADDRESS		OFFICERS AND DIRE  MPLE RD SUITE 200  CREEK FL 33073-3450		☐ Delete			A	ODITIONS/CHANG	ES TO OFFICER		CTORS II	V 10 ☐ Addition	E037 (10/02)
TITLE NAME STREET ADDRESS	VD CLEMENT, 4400 W SA			☐ Delete	TITLE NAM STRE			.,,,		ł	Change	☐ Addition	CRZE
NAME STREET ADDRESS		FRANK MPLE RD SUITE 200 CREEK FL 33073-3450		☐ Delete	1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	-	☐ Delete				***			Change	Addition	1
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP				☐ Delete		1				[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	

12. I 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 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:

954-973-4490