2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746257

Entity Name: LIDO TOWERS OWNERS ASSOCIATION, INC.

FILED
Apr 03, 2024
Secretary of State
2161956233CC

Current Principal Place of Business:

1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236

Current Mailing Address:

C/O CASEY CONDOMINIUM MANAGEMENT 4370 SOUTH TAMIAMI TRAIL, #102 SARASOTA, FL 34231 US

FEI Number: 59-2013730 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MANAGEMENT CASEY CONDOMINIUM MANAGEMENT 4370 SOUTH TAMIAMI TRAIL, #102 SARASOTA, FL 34231 US

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: BRIDGET SPENCE 04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

 Title
 DIRECTOR
 Title
 TREASURER

 Name
 MARTIN, CATHIE
 Name
 GETZ, JAMES

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM

MANAGEMENT MANAGEMENT

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

Title SECRETARY Title DIRECTOR

Name LEHMAN, ROBIN Name ROBISON, TAYLOR

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM

MANAGEMENT MANAGEMENT

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

TitleDIRECTORTitleASST. SECRETARYNameHICKOK, NANCYNameSPENCE, BRIDGET

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM

MANAGEMENT MANAGEMENT

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

Title PRESIDENT Title VP

Name LEBOWITZ, PHILIP Name SIKKEL, ROBERT

Address 4370 S. TAMIAMI TRAIL Address C/O CASEY CONDOMINIUM

SUITE 102 MANAGEMENT

SARASOTA FL 34231 4370 SOUTH TAMIAMI TRAIL, #102

City-State-Zip: SARASOTA FL 34231

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: BRIDGET SPENCE ASST. SECRETARY 04/03/2024