

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749019

**Entity Name:** LIDO REGENCY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC5136206867**

**Current Principal Place of Business:**

LIDO REGENCY CONDOMINIUM  
1700 BEN FRANKLIN DR  
SARASTOA, FL 34236

**Current Mailing Address:**

LIDO REGENCY CONDOMINIUM  
1700 BEN FRANKLIN DRIVE  
SARASTOA, FL 34236 US

**FEI Number:** 59-1970853

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGEMENT  
2477 STICKNEY POINT RD.  
SUITE #118 A  
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:** CHARLOTTE STEIN, CAM

02/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HELLER, DAVID  
Address 1700 BEN FRANKLIN DR #7G  
City-State-Zip: SARASOTA FL 34236

Title SECRETARY, TREASURER  
Name VELKOV, VERA  
Address 1700 BEN FRANKLIN DR #4E  
City-State-Zip: SARASOTA FL 34236

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

Title DIRECTOR  
Name ZELBY, DAVID  
Address 1700 BEN FRANKLIN # 6A  
City-State-Zip: SARASOTA FL 34236

Title PRESIDENT  
Name NICKOLS, SAMUEL  
Address 1700 BENJAMIN FRANKLIN DR #11E  
City-State-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:** VERA VELKOV

**SECRETARY**

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date