

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749019

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

01/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------------|
| Title | TREASURER |
| Name | CHARLTON, JEFFERY |
| Address | 1700 BENJAMIN FRANKLIN DR 7 G |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|-----------------------------------|
| Title | SECRETARY |
| Name | HARRISON, GLENN |
| Address | 1700 BENJAMIN FRANKLIN DR PH A |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|----------------------------------|
| Title | PRESIDENT |
| Name | REESE, JON |
| Address | 1700 BENJAMIN FRANKLIN DR 6 D |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|----------------------------------|
| Title | VP |
| Name | FRANKART, KATHLEEN |
| Address | 1700 BENJAMIN FRANKLIN DR 9 D |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|----------------------------------|
| Title | DIRECTER |
| Name | ARMSTRONG, BRUCE |
| Address | 1700 BENJAMIN FRANKLIN DR 7 A |
| 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: JON REESE**PRESIDENT**

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date