FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714379 (5)

1. Corporation Name

LIDO HARBOUR SOUTH, INC.

Principal Place of Business	Mailing Address
2100 BENJAMIN FRANKLIN DRIVE SARASOTA FL 34236	2100 BENJAMIN FRANKLIN DRIVE SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1968
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1282997 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

TEVERBAUGH, HAROLD G.
2110 BEN FRANKLIN DR
SARASOTA, FL
34236

10. Name and Address of New Registered Agent

81 Name: MC CORMICK, NEIL J. D (President)
82 Street Address (P.O. Box Number is Not Acceptable): 2110 BEN FRANKLIN DR.
83
84 City: SARASOTA FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Neil J. McCormick, President — 4/05/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Treasurer D	☒ Change ☐ Addition
NAME	NELSON, MRS. BLANCHE	12 NAME	WILSON, DOLAND G.	
STREET ADDRESS	2100 BEN FRANKLIN DR	13 STREET ADDRESS	2110 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA, FL 00000	14 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	AT	21 TITLE	D	☐ Change ☐ Addition
NAME	MCHENRY, MAXINE	22 NAME	McHENRY, MAXINE	
STREET ADDRESS	2100 BEN FRANKLIN DR	23 STREET ADDRESS	2100 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA, FL 00000	24 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	31 TITLE	D	☐ Change ☐ Addition
NAME	BOWEN, R	32 NAME	BOWEN, RUTH	
STREET ADDRESS	2100 BEN FRANKLIN DR	33 STREET ADDRESS	2100 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA, FL 00000	34 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	ARNAY, OSCAR	42 NAME	ARNAY, OSCAR	
STREET ADDRESS	2110 BEN FRANKLIN DR	43 STREET ADDRESS	2110 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP	51 TITLE	D	☐ Change ☐ Addition
NAME	TAMBURINO, CHARLES	52 NAME	TAMBURINO, CHARLES	
STREET ADDRESS	2110 BEN FRANKLIN DR	53 STREET ADDRESS	2110 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	AS	61 TITLE	D	☐ Change ☐ Addition
NAME	SHAW, DALLAS	62 NAME	SHAW, DALLAS	
STREET ADDRESS	2110 BEN FRANKLIN DR	63 STREET ADDRESS	2110 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34236	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neil J. McCormick, Pres. 4/05/95 (813)388-4144
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018656