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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 714379 (5)
1. Corporation Name
LIDO HARBOUR SOUTH, INC.



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

3. Date Incorporated or Qualified: 04/03/1968

4. FEI Number: 59-1282997
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: MCCORMICK, NEIL J, 2110 BEN FRANKLIN DRIVE, 131C, SARASOTA 34236

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	WILSON, DONALD G	<input type="checkbox"/> DELETE
NAME	2100 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		
TITLE	MCHENRY, MAXINE	<input checked="" type="checkbox"/> DELETE
NAME	2100 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		
TITLE	BOWEN, RUTH	<input type="checkbox"/> DELETE
NAME	2100 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		
TITLE	ARNAY, OSCAR	<input type="checkbox"/> DELETE
NAME	2110 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		
TITLE	TAMBURINO, CHARLES	<input type="checkbox"/> DELETE
NAME	2110 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		
TITLE	SHAW, DALLAS	<input type="checkbox"/> DELETE
NAME	2110 BEN FRANKLIN DR	
STREET ADDRESS	SARASOTA FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. ANDREW OLINIK
2.3 STREET ADDRESS	2110 BEN FRANKLIN DR
2.4 CITY-ST-ZIP	SARASOTA, FL 34236
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____

CF2E037 (10/97)