

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714379

FILED
Mar 19, 2009
Secretary of State

Entity Name: LIDO HARBOUR SOUTH, INC.

Current Principal Place of Business:

2110 BENJAMIN FRANKLIN DR
SARASOTA, FL 34236

New Principal Place of Business:

2110 BENJAMIN FRANKLIN DR
OFFICE
SARASOTA, FL 34236

Current Mailing Address:

2110 BENJAMIN FRANKLIN DR
OFFICE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1282997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENNISON, GENE
2100 BEN FRANKLIN DRIVE
F-108
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ARNAY, OSCAR
Address: 2110 BEN FRANKLIN DR S-207
City-St-Zip: SARASOTA, FL 34236

Title: PD () Delete
Name: DENNISON, GENE
Address: 2100 BEN FRANKLIN DRIVE F-108
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: PISTONE, RANDY
Address: 7143 LIBERTY ROAD
City-St-Zip: SOLON, OH 44139

Title: SD () Delete
Name: BRAINARD, BARBARA
Address: 2110 BEN FRANKLIN DR S-408
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: PACIFICO, COLLEAN MRS.
Address: 2115 LYCHEE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HARTWELL, KEN
Address: 2100 BEN FRANKLIN DR F-303
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SATTERLEE, WILLIAM
Address: 2110 BEN FRANKLIN DR S-204
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GENE DENNISON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date