



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90393 012 ****61.25

DOCUMENT # 718841 1. Entity Name LIDO TOWERS CONDOMINIUM, INC.					
Principal Place of Business 1770 BEN FRANKLIN DR SARASOTA, FL 34236			Mailing Address C/O BETH CALLANS MANAGEMENT 595 BAY ISLES ROAD, SUITE 201 LONGBOAT KEY, FL 34228		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1050 BEN FRANKLIN DRIVE Suite, Apt. #, etc. SARASOTA, FLORIDA City & State Zip Country 34236 USA		60023665 	
4. FEI Number 59-1460105		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES ROAD, SUITE 201 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name RESORT PROPERTIES, INC Street Address (P.O. Box Number is Not Acceptable) 1050 BEN FRANKLIN DRIVE City SARASOTA FL Zip Code 34236		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Tom Heath</u> <u>Tom Heath, President</u> <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOW, ROBERT M 1770 BEN FRANKLIN DRIVE, #502 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOW, ROBERT M 1770 BEN FRANKLIN DRIVE, #502 SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTZ, ROBERT 1770 BEN FRANKLIN DRIVE, #202 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIDSON, DAVID 1770 BEN FRANKLIN DRIVE, #207 SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLIAN, BLAIR 1770 BEN FRANKLIN DR., #701 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILL, GARY 1770 BEN FRANKLIN DRIVE, #402 SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHWINN, CHRISTINA 1770 BEN FRANKLIN DRIVE, #203 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINBRINK, JOHN 1770 BEN FRANKLIN DRIVE, #407 SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, DAVE 1770 BEN FRANKLIN DRIVE, #207 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, JOHN 1770 BEN FRANKLIN DRIVE, #704 SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert M Dow, President</u> <u>3/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					