


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90190 001 \*\*\*\*61.25

<b>DOCUMENT # 725419</b>					
1. Entity Name LIDO BEACH CLUB ASSOCIATION, INC.					
Principal Place of Business 1212 BEN FRANKLIN DRIVE SARASOTA, FL 34236 US			Mailing Address 1212 BEN FRANKLIN DRIVE SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER, POLIAKOFF & STREITFELD, P.A. 630 SOUTH ORANGE AVENUE, 3RD FLOOR SARASOTA, FL 34236				Name: <u>Beth Callans Mgmt Corp</u> Street Address (P.O. Box Number is Not Acceptable): <u>595 Bay Isles Rd Ste 300</u> City: <u>Lombard Key</u> FL Zip Code: <u>34228</u>	
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>[Signature]</u> LCAAM Prop Mgr <u>4/23/08</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, 2008		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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBASTIAN, SAMUEL		NAME	MR. Ken Rice	
STREET ADDRESS	1212 BEN FRANKLIN DR #804		STREET ADDRESS	905 Rosemont Ave	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Frederick, MD 21701	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERSOL, ALAN		NAME	MR Joseph Carullo	
STREET ADDRESS	1212 BEN FRANKLIN DR #206		STREET ADDRESS	99 Percy Williams	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	EAST Islip NY 11730	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACK, ANDREA		NAME	Mrs. Laura Bryg	
STREET ADDRESS	1212 BEN FRANKLIN DR #204		STREET ADDRESS	27 Sycamore Lane	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Avon, CT. 06001	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAILIDIS, MICHAEL		NAME	MR Nicky Drake	
STREET ADDRESS	1212 BEN FRANKLIN DR #603		STREET ADDRESS	1421 Highland Park Dr.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Jackson, MS 39211	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, ED		NAME		
STREET ADDRESS	1212 BEN FRANKLIN DR #906		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURBANO, CHERYL		NAME		
STREET ADDRESS	1212 BEN FRANKLIN DR #506		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
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>[Signature]</u> <u>4/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1534560 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #