## 729056

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## COVER LETTER

Division of Corporations

SUBJECT: Lido SURE AND SAND OWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 729056

Amendment Section

TO:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA ROGERS
(Name of Contact Person)

Lido SURFAND SAND (Firm/Company)

1100 BEN FRANKLIN DR.
(Address)

SARASOTA, FL. 34236 (City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA ROGERS

(Name of Contact Person)

at (941) 388-1100

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

**Amendment Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of I	FIORICA
		Id SAND OWNERS ASSOCIA	
		FRANKLIN DR	•
	SARASOTA	, FL 34236	
3. The mailing a	ddress (if different):		
		74 Document number: 72	
5. The name and Florida Depar	I street address of the current registerment of State:	ered agent and registered office on file w	2007 JU SECRE
	DAVID Mulle	R	FIL IJUN-7 CRETARY LAHASSE
	Becker + Pol	R LIAKOFF, P.A AV	
	630 ORANGE	- /	ED PM 4: 3!  OF STATE E.FLORID
	SARASOTA, F	L 34236	ORITATION OF THE PROPERTY OF T
6. The name and (if changed):	_	d agent (if changed) and /or registered of	fice
	PATRICIA R C/O LIDO SUI 1100 BEN 1 (P.O. BOX NOT ACC	POGENS, AS AGENT REAND SAND OWNERS FRANKI, N DR. ceptable)	ASSOCIATION ,I
	SARASOTA,	FL 34236	_
The street addre	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
1111		dopted by its board of directors or by a een notified in writing of the change.	
///////// (Signato	Affine te of an officer or director)	Nelson Tohnson (Printed or typed name and	PRESIDENT
- <i>II</i>		ent and agree to act in this capacity. ill statutes relative to the proper and co he obligation of my position as register e in the registered office address, I here hange.	·
Latuci.	2) Rosero	5/29/06	
	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
г)	Typed or Printed Name)		
	* * * FILIN	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)