

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729056

FILED
Jan 06, 2009
Secretary of State

Entity Name: LIDO SURF AND SAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1100 BEN FRANKLIN DR.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1100 BEN FRANKLIN DR.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1853233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, PATRICIA
1100 BEN FRANKLIN DR.
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: P () Delete
Name: JOHNSON, NELSON
Address: 1100 BEN FRANKLIN DR 701
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: EISENFELD, ADA
Address: 1102 BEN FRANKLIN DR #410
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: NUMRICH, JOHN
Address: 1104 BEN FRANKLIN DRIVE #815
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: PATRICK, NICOSIA
Address: 1100 BEN FRANKLIN DR #801
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: WEIFFENBACH, WILLIAM
Address: 1104 BEN FRANKLIN DR #515
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: PARADISE, FORREST
Address: 1104 BEN FRANKLIN DR 315
City-St-Zip: CRYSTAL RIVER, FL 344236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUMRICH, JOHN
Address: 1100 BEN FRANKLIN DR 815
City-St-Zip: SARASOTA, FL 34236

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

Title: VP (X) Change () Addition
Name: PARADISE, FORREST
Address: 1104 BEN FRANKLIN DRIVE #315
City-St-Zip: SARASOTA, FL 34236

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

Title: D (X) Change () Addition
Name: PLUMMER, ROBERT
Address: 1104 BEN FRANKLIN DR #805
City-St-Zip: SARASOTA, FL 34236

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

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: PATRICIA J. ROGERS

AGEN

01/06/2009

Electronic Signature of Signing Officer or Director

Date