

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90071 005 ****61.25

DOCUMENT # 739776 1. Entity Name RIVIERA OF LIDO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 131 GARFIELD DRIVE 11 SUITE 4D SARASOTA FL 34236 US			Mailing Address MA-CON, INC 2198 PRINCETON ST STE 20 SARASOTA FL 34237 US		
2. Principal Place of Business 4920 Fruitville Road Suite, Apt. #, etc.		3. Mailing Address 4920 Fruitville Road Suite, Apt. #, etc.			
City & State Sarasota, Fl		City & State Sarasota, Fl		4. FEI Number 59-2129176	
Zip 34232		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MA-CON, INC. 2198 PRINCETON ST STE 20 SARASOTA FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4920 Fruitville Road City Sarasota FL Zip Code 34232		
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><i>Warren Weil</i></u> WARREN WEIL 4/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		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	D ROBB, JACK 16 GIBBS AVE NEWPORT RI 02840 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131 Garfield Drive #2B Sarasota, Fl 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE'ATH, CATHIE 131 GARFIELD DR #3B SARASOTA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Fegen, Peter 131 Garfield Drive #4D Sarasota, Fl 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, DAVID 131 GARFIELD DR. 2D SARASOTA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERLEN, PETER 129 WHALLEY DRIVE MILTON KEYNES BU <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLICA, JOVANKA 131 GARFIELD DRIVE, #4A SARASOTA FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Peter Fegen* **Peter Fegen** **4/13/06 (941)343-1002**