2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 739776

Entity Name: RIVIERA OF LIDO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4920 FRUITVILLE ROAD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

4920 FRUITVILLE ROAD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2129176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MA-CON, INC.
4920 FRUITVILLE ROAD
SARASOTA, FL 34232 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: TD ( ) Delete
Name: ROBB, JACK
Address: 131 GARFIELD DRIVE #2B
City-St-Zip: SARASOTA, FL 34236

Title: SD ( ) Delete
Name: DE'ATH, CATHIE
Address: 131 GARFIELD DR #3B
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete
Name: ERLEN, PETER
Address: 129 WHALLEY DRIVE
City-St-Zip: MILTON KEYNES, BU

Title: D ( ) Delete
Name: PAVLICA, JOVANKA
Address: 131 GARFIELD DRIVE, #4A
City-St-Zip: SARASOTA, FL 34236

Title: PD ( ) Delete
Name: FEGEN, PETER
Address: 131 GARFIELD DRIVE #4D
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: ERLEN, PETER
Address: 129 WHALLEY DRIVE
City-St-Zip: MILTON KEYNES, BU MK3 6HX

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

Title: PD (X) Change ( ) Addition
Name: FEGEN, PETER MD
Address: 131 GARFIELD DRIVE #4D
City-St-Zip: SARASOTA, FL 34236

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: PETER FEGEN, MD PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date