

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 033 ****61.25

DOCUMENT # 741430

1. Entity Name

LIDO SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% MA-CON, INC.
2198 PRINCETON ST., #20
SARASOTA FL 34237

Mailing Address

% MA-CON, INC.
2198 PRINCETON ST., #20
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1883174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MA-CON, INC.
2198 PRINCETON ST., #20
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VARNER, ALLAN	
STREET ADDRESS	350 S POLK DR #302	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOTT, GREG	
STREET ADDRESS	350 S POLK DR #205	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSCHERT, RALPH	
STREET ADDRESS	350 S POLK DR #307	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BIENVENUE, ARTHUR	
STREET ADDRESS	350 S. POLK DR 503	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CECILIA	
STREET ADDRESS	350 S. POLK DR 504	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CERF, FRED	
STREET ADDRESS	350 S POLK DR., #508	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPERS, FRANK	
STREET ADDRESS	350 S POLK DRIVE #402	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAGUNOVICH, ANTHONY	
STREET ADDRESS	350 S POLK DRIVE #506	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REISS, CLEMENS	
STREET ADDRESS	350 S POLK DRIVE #401	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Arthur E. Bienvenue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR BIENVENUE

3/14/05 (941) 388-2296
Date Daytime Phone #

20022632



1st MOORE

CR2E037 (10/04)