

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90421 007 ****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
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2. Principal Place of Business 4920 Fruitville Road	3. Mailing Address 4920 Fruitville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34232	Country Sarasota
Zip 34232	Country Sarasota

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 MA-CON, INC. 2198 PRINCETON ST., #20 SARASOTA FL 34237
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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>William Weir</u> DATE <u>4/6/06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: <u>William Weir</u> <u>4/12/06 (941) 343-1002</u>
