


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 046 ****61.25

DOCUMENT # 741430 1. Entity Name LIDO SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % MA-CON, INC. 4920 FRUITVILLE RD SARASOTA, FL 34232			Mailing Address % MA-CON, INC. 4920 FRUITVILLE RD SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 350 S. Polk Drive		3. Mailing Address 4370 S. Tamiami Trail			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 102			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 59-1883174	
Zip 34236		Country USA		Applied For Not Applicable	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MA-CON, INC. 4920 FRUITVILLE RD SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Casey Condominium Management Street Address (P.O. Box Number is Not Acceptable) 4370 S. Tamiami Trail, Suite 102 City Sarasota FL 34231	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME PIPERS, FRANK STREET ADDRESS 350 S POLK DR # 402 CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE S, T NAME Varner, Allen STREET ADDRESS 350 S. Polk Drive, #302 CITY-ST-ZIP Sarasota, FL 34236	Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME LARIVIERE, PHILIP STREET ADDRESS 350 S POLK DRIVE #206 CITY-ST-ZIP SARASOTA, FL 34235	<input type="checkbox"/> Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME REISS, CLEMENS STREET ADDRESS 350 S POLK DR # 401 CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME BIENVENUE, ARTHUR STREET ADDRESS 350 S. POLK DR 503 CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CERF, FRED STREET ADDRESS 350 S POLK DR., #508 CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE D NAME Rolf, Pat STREET ADDRESS 350 S. Polk Drive, #303 CITY-ST-ZIP Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Arthur Bienvenue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/27-07</u> Daytime Phone # <u>941-3882296</u>		