

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90265 007 ****61.25

DOCUMENT # 742311
 1. Entity Name
THE LIDO CLUB OF MARCO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 921 PANAMA CT.
 PO BOX 932
 MARCO ISL, FL 33937

Mailing Address
 921 PANAMA CT.
 PO BOX 932
 MARCO ISL, FL 33937



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1832281** 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**

KUSZMAR, DON
 911 PANAMA COURT, A6
 MARCO ISLAND, FL ~~33937~~ **34145**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **VD** Delete
 NAME **KUSZMAR, DON**
 STREET ADDRESS **911 PANAMA CT #A6**
 CITY-ST-ZIP **MARCO ISL, FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MORRISSEY, JEAN**
 STREET ADDRESS **911 PANAMA COURT A-2**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LYNN, FRANK**
 STREET ADDRESS **25 BYRD COURT**
 CITY-ST-ZIP **KINGS PARK, NY 11754**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **STAMPS, VIRGINIA**
 STREET ADDRESS **53819 JOW WOOD DR**
 CITY-ST-ZIP **MACOMB, MI 48042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FRIZZI, RICHARD**
 STREET ADDRESS **915 PANAMA COURT #83**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FUCILLA, RODNEY**
 STREET ADDRESS **1108 S. ENGLISH STATION RD**
 CITY-ST-ZIP **LOUISVILLE, KY 40299**

TITLE Change 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: Jean Morrissey Date: 4-8-05 Daytime Phone #: (239) 642-1812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR