



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 003 ****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		40000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1832281	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KILSZMAR, DON 911 PANAMA COURT, A6 MARCO ISLAND, FL 34145			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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	D		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSZMAR, DON		NAME	Bergemann, James	
STREET ADDRESS	911 PANAMA CT #A6		STREET ADDRESS	2429 Carmel Ave.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Racine, WI 53405	
TITLE	✓ PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISSEY, JEAN		NAME		
STREET ADDRESS	911 PANAMA COURT A-2		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	✓ SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, FRANK		NAME		
STREET ADDRESS	25 BYRD COURT		STREET ADDRESS		
CITY-ST-ZIP	KINGS PARK, NY 11754		CITY-ST-ZIP		
TITLE	✓ TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPS, VIRGINIA		NAME		
STREET ADDRESS	53819 JOW WOOD DR		STREET ADDRESS		
CITY-ST-ZIP	MACOMB, MI 48042		CITY-ST-ZIP		
TITLE	✓ VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIZZI, RICHARD		NAME		
STREET ADDRESS	915 PANAMA CRT B3		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUCELA, RODNEY		NAME	Fucella, Rodney	
STREET ADDRESS	1108 S. ENGLISH STATION RD		STREET ADDRESS	1108 S. English Station Rd.	
CITY-ST-ZIP	LOUISVILLE, KY 40299		CITY-ST-ZIP	Louisville, KY 40299	
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>Jean Morrissey</u>		Date: <u>4-13-07</u>		Daytime Phone #: <u>(639) 642-1812</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	