


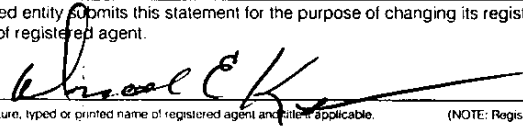

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90017 032 \*\*\*\*61.25

**40110326**



<b>DOCUMENT # 742311</b>					
<b>1. Entity Name</b> THE LIDO CLUB OF MARCO CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 921 PANAMA CT. PO BOX 932 MARCO ISL, FL 33937		<b>Mailing Address</b> 921 PANAMA CT. PO BOX 932 MARCO ISL, FL 33937		07072008 Chg-NP CR2E037 (12/06)	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1832281	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KILSZMAR, DON 911 PANAMA COURT, A6 MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE 			7-9-08		DATE
Signature, typed or printed name of registered agent and title, if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUSZMAR, DON	NAME			
STREET ADDRESS	911 PANAMA CT #A6	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUCELLA, RODNEY	NAME			
STREET ADDRESS	1108 S. ENGLISH STATION RD	STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40299	CITY-ST-ZIP			
<b>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.</b>					
SIGNATURE: 			7-9-08		DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					DAYTIME PHONE #