

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

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90044 013 ****61.25

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1. Entity Name

LIDO DORSET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

475 BENJAMIN FRANKLIN DR.
SARASOTA FL 34236

Mailing Address

475 BENJAMIN FRANKLIN DR.
SARASOTA FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1851175

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

HEATH, TOM
475 BEN FRANKLIN DR
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MILLAZO, JOE
STREET ADDRESS 475 BEN FRANKLIN DR
CITY-ST-ZIP SARASOTA FL

TITLE P ☒ Change ☐ Addition
NAME MILAZZO, JOE
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA, FL

TITLE P ☒ Delete
NAME BROCK, WILLIAM
STREET ADDRESS 475 BEN FRANKLIN DR
CITY-ST-ZIP SARASOTA FL 34236

TITLE VP ☐ Change ☒ Addition
NAME TESTA, GERALD
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA, FL

TITLE S ☒ Delete
NAME POWERS, RONALD
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ Change ☒ Addition
NAME SALATINO WILLIAM
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA, FL

TITLE TD ☒ Delete
NAME LEAMAN, GARY
STREET ADDRESS 475 BEN FRANKLIN DR
CITY-ST-ZIP SARASOTA FL

TITLE T ☐ Change ☒ Addition
NAME WEBB, VICKI
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME WILSON, JUDY
STREET ADDRESS 475 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Richard Wilson

4/3/06

941-388-1404