

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 743084

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**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1851175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEATH, TOM
475 BEN FRANKLIN DR
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLAZO, JOE
STREET ADDRESS	475 BEN FRANKLIN DR
CITY-STATE-ZIP	SARASOTA, FL
TITLE	VP
NAME	TESTA, GERALD
STREET ADDRESS	475 BEN FRANKLIN DR
CITY-STATE-ZIP	SARASOTA, FL
TITLE	S
NAME	SALATINA, WILLIAM
STREET ADDRESS	475 BEN FRANKLIN DR
CITY-STATE-ZIP	SARASOTA, FL
TITLE	T
NAME	WEBB, VICKI
STREET ADDRESS	475 BEN FRANKLIN DR
CITY-STATE-ZIP	SARASOTA, FL
TITLE	D
NAME	WILSON, JUDY
STREET ADDRESS	475 BEN FRANKLIN DR
CITY-STATE-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/20/07-80062-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Judith Wilson Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #