

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743084

FILED
Feb 18, 2009
Secretary of State

Entity Name: LIDO DORSET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

475 BENJAMIN FRANKLIN DR.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

475 BENJAMIN FRANKLIN DR.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1851175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLAZO, JOE
Address: 475 BEN FRANKLIN DR
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: WILSON, JUDY
Address: 475 BEN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: SALATINA, WILLIAM
Address: 475 BEN FRANKLIN DR
City-St-Zip: SARASOTA, FL

Title: T () Delete
Name: WEBB, VICKI
Address: 475 BEN FRANKLIN DR
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: STOLARIK, CLEM
Address: 475 BEN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY WILSON

VP

02/18/2009

Electronic Signature of Signing Officer or Director

Date