

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 16

DOCUMENT # 743802 (1)  
1. Corporation Name  
LIDO AMBASSADOR ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1978	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1883959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
800 BEN FRANKLIN DR. SUITE 101 OR 708 SARASOTA FL 34236 US		800 BEN FRANKLIN DRIVE 101 OR 708 SARASOTA FL 34236 US	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Country
25. Country	30. Zip	31. City	32. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHOENEWEISS, DON 800 BEN FRANKLIN DR. SUITE 502 SARASOTA FL 34236				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA BENSCH	1.2 NAME	Don Schoeneweiss
STREET ADDRESS	800 BEN FRANKLIN DR # 708	1.3 STREET ADDRESS	800 Ben Franklin DR. #502
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENEWEISS, DON	2.2 NAME	LEE STARFIELD
STREET ADDRESS	800 BEN FRANKLIN DR., SUITE 502	2.3 STREET ADDRESS	800 Ben Franklin DR. #50K
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELMA GOODMAN	3.2 NAME	McGinn Joseph
STREET ADDRESS	800 BEN FRANKLIN DR # 302	3.3 STREET ADDRESS	800 Ben Franklin DR. # 702
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	SD	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, DOLORES	4.2 NAME	<del>MARKS, DOLORES</del> SECRETARY
STREET ADDRESS	800 BEN FRANKLIN DR., SUITE 110	4.3 STREET ADDRESS	GARRISON, CLO ANN
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	800 Ben Franklin DR #607
TITLE	TD	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTH, FRANK	5.2 NAME	POSTER, STEVE
STREET ADDRESS	800 BEN FRANKLIN DR., SUITE 701	5.3 STREET ADDRESS	800 Ben Franklin DR. #301
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	ATD	6.1 TITLE	ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE STARFIELD	6.2 NAME	Greene Robert
STREET ADDRESS	800 BEN FRANKLIN DR # 504	6.3 STREET ADDRESS	800 Ben Franklin DR # 411
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don Schoeneweiss, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/14/95 Daytime Phone #: 788-2787