

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743802 (1)

1. Corporation Name
LIDO AMBASSADOR ASSOCIATION, INC.



Principal Place of Business: 800 BEN FRANKLIN DR. SUITE 101 OR 708 SARASOTA FL 34236 US
Mailing Address: 800 BEN FRANKLIN DRIVE 101 OR 708 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 08/03/1978
3a. Date of Last Report: 03/22/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1883959	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

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	MCGINN, JOSEPH			
				82	Street Address (P.O. Box Number is Not Acceptable)	800 BEN FRANKLIN DR			
				83		SUITE 702			
				84	City	SARASOTA, FL 34236	85	Zip Code	34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joseph H. McGinn Pres.* MCGINN, JOSEPH
Signature typed or printed name of registered agent and title as above (NOTE: Registered Agent signature required when reinstating)
DATE: 4-8-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		11 TITLE	PO	Change	Addition
NAME	MCGINN, JOSEPH			12 NAME			
STREET ADDRESS	800 BEN FRANKLIN DR #702			13 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			14 CITY-ST-ZIP			
TITLE	PD	DELETE		21 TITLE	MARKS, DELORES SD	Change	Addition
NAME	SCHOENEWEISS, DON			22 NAME	MARKS, DELORES		
STREET ADDRESS	800 BEN FRANKLIN DR., SUITE 502			23 STREET ADDRESS	800 BEN FRANKLIN DR SUITE 110		
CITY-ST-ZIP	SARASOTA FL			24 CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	TD	DELETE		31 TITLE	D	Change	Addition
NAME	GARRISON, CLOANN			32 NAME	MC CRACKEN, BOB		
STREET ADDRESS	800 BEN FRANKLIN DR #607			33 STREET ADDRESS	800 BEN FRANKLIN DR SUITE 209		
CITY-ST-ZIP	SARASOTA FL			34 CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	TD	DELETE		41 TITLE		Change	Addition
NAME	FOSTER, STEVE			42 NAME	DOSTER, STEVE		
STREET ADDRESS	800 BEN FRANKLIN DR #301			43 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			44 CITY-ST-ZIP			
TITLE	D	DELETE		51 TITLE		Change	Addition
NAME	GREENE, ROBERT			52 NAME			
STREET ADDRESS	800 BEN FRANKLIN DR #411			53 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			54 CITY-ST-ZIP			
TITLE	VD	DELETE		61 TITLE		Change	Addition
NAME	LEE STARFIELD			62 NAME			
STREET ADDRESS	800 BEN FRANKLIN DR # 504			63 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			64 CITY-ST-ZIP			

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph H. McGinn Pres.* MCGINN, JOSEPH
Signature typed or printed name of signing officer or director
DATE: 4-8-96
Daytime Phone #: 941-388-5127

CR2E037 (12/95)