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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
800 BEN FRANKLIN DR. SUITE 101 OR 708 SARASOTA FL 34236 US
800 BEN FRANKLIN DRIVE 101 OR 708 SARASOTA FL 34236-2151 US

3. Date Incorporated or Qualified 08/03/1978
3a. Date of Last Report 04/24/1996
4. FEI Number 59-1883959 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MC GINN JOSEPH
800 BEN FRANKLIN DR.
702
SARASOTA FL 34236

10. Name and Address of New Registered Agent
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 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGINN, JOSEPH	
STREET ADDRESS	800 BEN FRANKLIN DR #702	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRACKEN BOB	
STREET ADDRESS	800 BEN FRANKLIN DR. STE 209	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, CLOANN	
STREET ADDRESS	800 BEN FRANKLIN DR #607	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOSTER, STEVE	
STREET ADDRESS	800 BEN FRANKLIN DR #301	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, ROBERT	
STREET ADDRESS	800 BEN FRANKLIN DR #411	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE STARFIELD	
STREET ADDRESS	800 BEN FRANKLIN DR # 504	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOSTER, STEVE	
1.3 STREET ADDRESS	800 BEN FRANKLIN DR #301	
1.4 CITY-ST-ZIP	SARASOTA FL 34236	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARTH, FRANK #701	
2.3 STREET ADDRESS	800 BEN FRANKLIN DR	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REAL, CEIL #202	
3.3 STREET ADDRESS	800 BEN FRANKLIN DR	
3.4 CITY-ST-ZIP	SARASOTA FL 34236	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOODMAN, SELMA #302	
4.3 STREET ADDRESS	800 BEN FRANKLIN DR	
4.4 CITY-ST-ZIP	SARASOTA FL 34236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Lee Starfield VP* IN WITNESS WHEREOF I HAVE SIGNED AND DATED THIS REPORT
LEE STARFIELD 941-388-2563 2/20/97

CR2E037 (9/96)