

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	08/03/1978	
4. FEI Number	59-1883959	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TRES/D
NAME	DOSTER, STEVE #301	1.2 NAME	
STREET ADDRESS	800 BEN FRANKLIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	V P / D
NAME	BARTH, FRANK #701	2.2 NAME	VINCENT YIESPOLI
STREET ADDRESS	800 BEN FRANKLIN DR.	2.3 STREET ADDRESS	800 BEN FRANKLIN DR. #10
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL. 34236
TITLE	TD	3.1 TITLE	S/D
NAME	GARRISON, CLOANN	3.2 NAME	CEIL REAL
STREET ADDRESS	800 BEN FRANKLIN DR #007	3.3 STREET ADDRESS	800 BEN FRANKLIN DR. # 202
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD	4.1 TITLE	D
NAME	DOSTER, STEVE	4.2 NAME	JOEL G. MANDEL
STREET ADDRESS	800 BEN FRANKLIN DR #301	4.3 STREET ADDRESS	800 BEN FRANKLIN DR # 711
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	5.1 TITLE	
NAME	GREENE, ROBERT	5.2 NAME	
STREET ADDRESS	800 BEN FRANKLIN DR #411	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	P/D
NAME	LEE STARFIELD	6.2 NAME	
STREET ADDRESS	800 BEN FRANKLIN DR # 507	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Change	<input checked="" type="checkbox"/>
Addition	<input type="checkbox"/>
Change	<input type="checkbox"/>
Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>
Addition	<input checked="" type="checkbox"/>
Change	<input checked="" type="checkbox"/>
Addition	<input type="checkbox"/>
Change	<input checked="" type="checkbox"/>
Addition	<input type="checkbox"/>

14. I 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* FILED 2/17/98

CR2E037 (10/97)