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Mar 22, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 743802

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 |
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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 08/03/1978 | 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 |
|---|--|---|--|---|--|

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
ADVANCED MGMT. OF SW FL., INC.

82 Street Address (P.O. Box Number is Not Acceptable)
5699 WHITEFIELD AVE # 107

83

84 City **SARASOTA** FL 85 Zip Code **34243**

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 *Douglas E. Wilson* **Douglas E. Wilson** 3-15-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | DOSTER, STEVE | |
| STREET ADDRESS | 800 BEN FRANKLIN DR, #301 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | VIESPOLI, VINCENT | |
| STREET ADDRESS | 800 BEN FRANKLIN DR, #610 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | REAL, CEIL | |
| STREET ADDRESS | 800 BEN FRANKLIN DR #202 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MANDEL, JOEL E | |
| STREET ADDRESS | 800 BEN FRANKLIN DR #711 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GREENE, ROBERT | |
| STREET ADDRESS | 800 BEN FRANKLIN DR #411 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEE STARFIELD | |
| STREET ADDRESS | 800 BEN FRANKLIN DR #507 | |
| CITY-ST-ZIP | SARASOTA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | TRES/DIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MC CARTY, HERB | |
| 1.3 STREET ADDRESS | 800 BEN FRANKLIN DR. # 511 | |
| 1.4 CITY-ST-ZIP | SARASOTA, FL. | |
| 2.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CONWAY, JOHN | |
| 3.3 STREET ADDRESS | 800 BEN FRANKLIN DR #606 | |
| 3.4 CITY-ST-ZIP | SARASOTA, FL 34236 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | SEC/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | MARK'S DOUGRES | |
| 5.3 STREET ADDRESS | 800 BEN FRANKLIN DR. # 110 | |
| 5.4 CITY-ST-ZIP | SARASOTA, FL 34236 | |
| 6.1 TITLE | VP/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE: *[Signature]* **TRCS** 3/12/99 741-388-2098
 Signature, typed or printed name of signing officer or director (Date) Daytime Phone #

CR2E037 (11/98)

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