


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90016 014 \*\*\*\*61.25

<b>DOCUMENT # 743802</b>			
1. Entity Name LIDO AMBASSADOR ASSOCIATION, INC.			
Principal Place of Business 800 BEN FRANKLIN DR. SUITE 101 OR 708 SARASOTA, FL 34236 US		Mailing Address 903 TOWN CENTER PKWY BRADENTON, FL 34202 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		5. FEI Number 59-1883959	
01052006 Chg-NP		CR2E037 (11/05)	
Applied For		Not Applicable	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTGARTEN, JANET	NAME	LUSTGARTEN, JANET
STREET ADDRESS	800 BEN FRANKLIN DR., #207	STREET ADDRESS	800 Ben Franklin Dr. #207
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota FL 34236
TITLE	TSD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBODEAU, MOLLIE	NAME	THIBODEAU, MOLLIE
STREET ADDRESS	800 BEN FRANKLIN DR #208	STREET ADDRESS	800 Ben Franklin Dr #208
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34236
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYMAN, MARY	NAME	ZDEWEY, DAVID
STREET ADDRESS	800 BEN FRANKLIN DR #709	STREET ADDRESS	800 Ben Franklin Dr. # 310
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34236
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORIN, TOM	NAME	ABEL, RUSSELL
STREET ADDRESS	800 BEN FRANKLIN DR # 509	STREET ADDRESS	800 Ben Franklin Dr #405
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota FL 34236
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	SWERINGEN, LOIS	NAME	
STREET ADDRESS	800 BEN FRANKLIN DR #206	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Mollie Thibodeau</u>		Date: <u>2/24/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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