


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90054 027 \*\*\*\*61.25

<b>DOCUMENT # 743802</b>					
1. Entity Name <b>LIDO AMBASSADOR ASSOCIATION, INC.</b>					
Principal Place of Business 800 BEN FRANKLIN DR. SUITE 101 OR 708 SARASOTA, FL 34236 US			Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1883959	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <b>ARGUS PROPERTY MANAGEMENT INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3977 STICKNEY POINT RD</b> <b>SUITE 118A</b> City <b>SARASOTA</b> FL Zip Code <b>34231</b>		
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.					
SIGNATURE <b>Brett Stolson CAM</b>		SIGNATURE <b>BRETT STOLSON</b>		DATE <b>4/20/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	SD LUSTGARTEN, JANET 800 BEN FRANKLIN DR., #207 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RON REAL 800 BEN FRANKLIN DR SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THIBODEAU, MOLLIE 800 BEN FRANKLIN DR, # 208 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT VISSOLI 4346 ARADOS FL BRADENTON FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOETEWY, DAVID 800 BEN FRANKLIN DR, # 310 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT FRICCHIONE 1404 SPYGLASS LN CLARKS SUMMIT PA 18411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABEL, RUSSELL 800 BEN FRANKLIN DR, # 405 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES JOANNE WHITE 36 OSPREY CIR WESTBROOK CT 06498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWERINGEN, LOIS 800 BEN FRANKLIN DR #206 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL CANN 18 WARSON TERR CADUE, MO 6304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL CHRISTEE 415 NORTH EAST AVE JACKSON, MI 49201	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DCK STARFIELD 800 BEN FRANKLIN DR #57 SARASOTA FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Ron Real</b>		SIGNATURE <b>RON REAL</b>		DATE <b>4/20/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	