


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

7/2 **FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

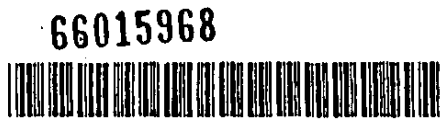
07-21-2008 90031 049 \*\*\*\*61.25

**DOCUMENT # 743802**  
 Entity Name  
**LIDO AMBASSADOR ASSOCIATION, INC.**



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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

08132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1883959**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ARGUS PROPERTY MANAGEMENT INC  
 5477 STICKNEY POINT RD.  
 SUITE 118A  
 SARASOTA, FL 34231**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5477 STICKNEY POINT RD**  
 City **FL** Zip Code

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 \_\_\_\_\_ 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 **September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to: **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
SD	LUSTGARTEN, JANET	800 BEN FRANKLIN DR., #207	SARASOTA, FL 34238	<input checked="" type="checkbox"/>
TD	THIBODEAU, MOLLIE	800 BEN FRANKLIN DR, # 208	SARASOTA, FL 34238	<input checked="" type="checkbox"/>
P	ZOETEWY, DAVID	800 BEN FRANKLIN DR, # 310	SARASOTA, FL 34238	<input checked="" type="checkbox"/>
VP	ABEL, RUSSELL	800 BEN FRANKLIN DR, # 405	SARASOTA, FL 34238	<input checked="" type="checkbox"/>
D	SWERINGEN, LOIS	800 BEN FRANKLIN DR #206	SARASOTA, FL 34238	<input checked="" type="checkbox"/>
D	CHRISTEE, BILL	415 NORTH EAST AVE.	JACKSON, MI 49201	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	VINCENT VIESPOLI	4546 ANACO PLACE	BRADENTON FL 34203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIR	BRIAN MARKS	7282 55th AVE	BRADENTON FL 34203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	JOANN WHITE	56 OSPREY CIRCLE	WESTBORO CT 06498	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DICK STARTELL	800 BEN FRANKLIN DR #507	SARASOTA, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIR	BILL CANW	18 WARSON TERRACE	LADRE, MO 63124	<input type="checkbox"/>	<input type="checkbox"/>
DIR	FRICCHIONE	800 BEN FRANKLIN DR # 401	SARASOTA, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 names empowered.

SIGNATURE: \_\_\_\_\_ DATE: **7/17/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #