

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 021 \*\*\*\*61.25

**DOCUMENT # 746257**

1. Entity Name  
**LIDO TOWERS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1001 BENJAMIN FRANKLIN DR.  
SARASOTA, FL 34236**

Mailing Address  
**1001 BENJAMIN FRANKLIN DR.  
SARASOTA, FL 34236**

40107500



05032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2013730**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOBECK, DANIEL L  
LOBECK, HANSON, & WELLS  
2033 MAIN ST., STE 403  
SARASOTA, FL 34237**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CAMILLE, DOROTHY  
525 OCEAN AVE SUITE 503  
LONG BRANCH, NJ 07740**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HURST, MARILYN  
1001 BEN FRANKLIN UNIT 213  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPID  
KING, ANTHONY  
1001 BEN FRANKLIN DR #204  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HALLIDAY, MICHAEL  
34 HOLIDAY POINT ROAD  
SHERMAN, CT 06784**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TAZAR, PAUL  
4037 S. LAKE COURT  
SHELBY TWP., MI 48316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KLOPPENBURG, BERNHARD  
9421 PEBBLE GLEN AVENUE  
TAMPA, FL 33647**

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Camille Dornin, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/4/07*  
Date

*(941) 388-5324*  
Daytime Phone