

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90385 029 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2013730	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOBECK, DANIEL L LOBECK, HANSON, & WELLS 2033 MAIN ST., STE 403 SARASOTA, FL 34237				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 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 May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMILLE, DOROTHY 525 OCEAN AVE SUITE 503 LONG BRANCH, NJ 07740	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DASCENZO, VERONICA 1001 Ben Franklin Dr. UNIT 302 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, MARILYN 1001 BEN FRANKLIN UNIT 213 SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KING, ANTHONY 1001 BEN FRANKLIN DR #204 SARASOTA, FL 34236	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLIDAY, MICHAEL 34 HOLIDAY POINT ROAD SHERMAN, CT 06784	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAZAR, PAUL 4037 S. LAKE COURT SHELBY TWP., MI 48316	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPPENBURG, BERNHARD 9421 PEBBLE GLEN AVENUE TAMPA, FL 33647	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Camille Dascenzo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/08 (941)388-5504 Date Daytime Phone #		