

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748200

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: LIDO ROYALE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

129 TYLER DR.  
SARASOTA, FL 34236

**New Principal Place of Business:**

129 TYLER DR.  
SARASOTA, FL 34236

**Current Mailing Address:**

PO BOX 10714  
BRADENTON, FL 34282

**New Mailing Address:**

63 SARASOTA CENTER BLVD  
SUITE 104  
SARASOTA, FL 34240

FEI Number: 59-2717514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADI PROPERTY MANAGEMENT  
8051 N TAMiami TRAIL  
SUITE E-3  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

ADI PROPERTY MANAGEMENT  
63 SARASOTA CENTER BLVD  
SUITE 104  
SARASOTA, FL 34240 US

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.

SIGNATURE:

04/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BAILEY, ROY L  
Address: 129 TYLER DRIVE #101  
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete  
Name: MURPHY, PATRICK  
Address: 2276 HERON CIRCLE  
City-St-Zip: CLEARWATER, FL 33762

Title: AS ( ) Delete  
Name: FESTA, JAMES  
Address: 8051N TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: PD ( ) Delete  
Name: SHOFFSTALL, CARL  
Address: 5103 MOLL ACRES DRIVE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL SHOFFSTALL

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date