

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748200

FILED
Apr 24, 2008
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:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240

New Mailing Address:

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
63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () 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: 63 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

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

Title: D () Delete
Name: DEWOLFE, JUDY
Address: 129 TYLER AVE
City-St-Zip: SARASOTA, FL 34236

Title: SD (X) Delete
Name: SHOFFSTALL, DAVID
Address: 129 TYLER AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: MURPHY, PATRICK
Address: 2276 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33762

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

Title: P (X) Change () Addition
Name: SHOFFSTALL, CARL
Address: 5103 MOLL ACRES DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Change () Addition
Name: SHOFFSTALL, DAVID
Address: 129 TYLER AVE
City-St-Zip: SARASOTA, FL 34236

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES FESTA

AS

04/24/2008

Electronic Signature of Signing Officer or Director

Date