
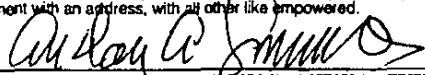


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-25-2007 90183 030 \*\*\*\*61.25

FILED 751576  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -2 AM 6:34

<b>DOCUMENT # 751576</b> 1. Entity Name <b>LIDO KEY RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 884 SARASOTA, FL 34230 US</b>			Mailing Address <b>P O BOX 884 SARASOTA, FL 34230 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2614000</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAGUNOVICH, ANTHONY 350 SOUTH POLK DRIVE 506 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D LAGUNOVICH, ANTHONY A TREAS 350 SOUTH POLK DRIVE SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SEC. ROBINSON, SUSAN SEC. 422 GARFIELD DRIVE SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRES BOWER, SANDRA K PRES. 1700 BEN FRANKLIN DRIVE #3E SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D HOFFMAN, ROBERT D 801 SOUTH BLVD OF PRESIDENTS SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>George Hafitz 1750 Ben Franklin Drive Sarasota Florida 34236</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V.P LAMPERT, JOHN T V.P. 845 BEN FRANKLIN DRIVE APT 211 SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D DILLWORTH, BETH D 248 GARFIELD DRIVE SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			Date <b>4/16/07</b> Daytime Phone # <b>941-388-1347</b>		