2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 751576

Entity Name: LIDO KEY RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 884
SARASOTA, FL 34230 US

New Principal Place of Business:

1700 BEN FRANKLIN DR
APT 3E
SARASOTA, FL 34230 US

Current Mailing Address:

P O BOX 884
SARASOTA, FL 34230 US

New Mailing Address:

PO BOX 884
SARASOTA, FL 34230 US

FEI Number: 59-2614000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAGUNOVICH, ANTHONY
350 SOUTH POLK DRIVE
506
SARASOTA, FL 34236 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:	LAGUNOVICH, ANTHONY A TREAS	
Address:	350 SOUTH POLK DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	SEC.	( ) Delete
Name:	ROBINSON, SUSAN SEC.	
Address:	422 GARFIELD DRIVE	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	PRES	( ) Delete
Name:	BOWER, SANDRA K PRES.	
Address:	1700 BEN FRANKLIN DRIVE #3E	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	D	( ) Delete
Name:	HAFITZ, GEORGE	
Address:	1750 BEN FRANKLIN DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	V.P	( ) Delete
Name:	LAMPERT, JOHN T V.P.	
Address:	845 BEN FRANKLIN DRIVE APT 211	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	D	( ) Delete
Name:	DILLWORTH, BETH D	
Address:	246 GARFIELD DRIVE	
City-St-Zip:	SARASOTA, FL 34236 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC.	(X) Change ( ) Addition
Name:	BLAYNE, THOMPSON SEC.	
Address:	1336 BENFRANKLIN DR APT 2F	
City-St-Zip:	SARASOTA, FL 34236 US	
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 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: ANTHONY LAGUNOVICH TRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date