


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90002 010 \*\*\*\*61.25

<b>DOCUMENT # 766553</b> 1. Entity Name LIDO OF PINELLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715			Mailing Address 1110 PINELLAS BAYWAY #207 SAINT PETERSBURG, FL 33715		
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 59-2249433	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ROUANZION, SUSAN TIERRA VERDE PROP. MGMT 1110 PINELLAS BAYWAY #207 ST. PETERSBURG, FL 33715				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<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	STD MARCELIN, ROSE 1110 PINELLAS BAYWAY #207 ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kipp, Peter 1110 Pinellas Bayway #207 Tierra Verde, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAY, DOUG 1110 PINELLAS BAYWAY #207 ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Girling, Sue 1110 Pinellas Bayway #207 Tierra Verde, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, WILLIAM 1110 PINELLAS BAYWAY #207 SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vosburgh, Bill 1110 Pinellas Bayway #207 Tierra Verde, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, RON 1110 PINELLAS BAYWAY #207 SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAHMEIER, FRANK 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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> <u>Ron Struthers Ron Struthers Pres. 2/23/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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