


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 049 ****61.25

DOCUMENT # N00000003543					
1. Entity Name LIDO ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business %GABLES PROPERTY MANGEMENT 3300 CORPORATE AVE, #110 WESTON, FL 33331 US			Mailing Address P.O. BOX 823098 PEMBROKE PINES, FL 33082-3096 US		
2. Principal Place of Business - No P.O. Box # 1495 N PARK DR		3. Mailing Address 1495 N. PARK DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON FL		City & State WESTON FL		4. FEI Number 65-1073407	
Zip 33326		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND RD., STE. 540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME COLE, HAYNES STREET ADDRESS 773 SW 167TH AVENUE CITY - ST - ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1495 N PARK DRIVE STREET ADDRESS WESTON FL 33326 CITY - ST - ZIP		
TITLE SD NAME MADELINE, NASCIMENTO STREET ADDRESS 1443 SW 167 AVE CITY - ST - ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1495 N PARK DRIVE STREET ADDRESS WESTON FL 33326 CITY - ST - ZIP		
TITLE TD NAME HEATHER, JOHNSON STREET ADDRESS 40098 SW 16TH STREET CITY - ST - ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE VPD NAME JUAN, TORRES C STREET ADDRESS 17028 SW 16TH STREET CITY - ST - ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1495 N PARK DR STREET ADDRESS WESTON FL 33326 CITY - ST - ZIP		
TITLE D NAME GABRIEL, DE LA PENIA STREET ADDRESS 10732 SW 12TH STREET CITY - ST - ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1495 N PARK DR STREET ADDRESS WESTON FL 33326 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/1/07 Daytime Phone #: 954-345-8777		