

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02158

FILED
Apr 24, 2008
Secretary of State

Entity Name: LIDO POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

109 GARFIELD DR
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
104
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 84-0338728 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
63 SARASTOA 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: P () Delete
Name: WENDY CORLEY,
Address: 109 GARFIELD DR.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: GARROW, VINCENT
Address: 153 E 71ST ST
City-St-Zip: NY, NY

Title: VP () Delete
Name: COUFOUDAKIS, V
Address: 109 GARFIELD SUITE #302
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: ADI PROPERTY MANAGEM, ENT
Address: 63 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: CULVER, JON
Address: 109 GARFIELD DR STE 201
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORLEYT, WENDY
Address: 109 GARFIELD DR.
City-St-Zip: SARASOTA, FL 34236

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: ST (X) Change () Addition
Name: CULVER, JON
Address: 109 GARFIELD DR STE 201
City-St-Zip: SARASOTA, FL 34236

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: ELISE ANGELORO

AS

04/24/2008

Electronic Signature of Signing Officer or Director

Date