

2005 NOT-FOR-PROFIT CORPORATION- ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 007 ****61.25

DOCUMENT # N49732

1. Entity Name
LIDO SHORES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1155 CENTER PLACE
SARASOTA, FL 34236 US**

Mailing Address
**1332 WEST WAY DR
SARASOTA, FL 34235 US**

50065195



2. Principal Place of Business

1126 WESTWAY DR

3. Mailing Address

1332 WESTWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005

Chg-NP

CR2E037 (10/03)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0353712

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASSELL, STUART D
C/O GRAVES & STEPHAN
200 SOUTH WASHINGTON BLVD
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **CASSELL, STUART D**

Street Address (P.O. Box Number is Not Acceptable)

1240 CENTER PL

City

SARASOTA

FL

Zip Code

34236

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

STUART CASSELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/1/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BROWN, MICHAEL**
STREET ADDRESS **1155 CENTER PLACE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☒ Delete
NAME **GARVIN, ROBERT**
STREET ADDRESS **1310 WEST WAY DR**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **SD** ☒ Delete
NAME **CONKLIN, BRIGITTE**
STREET ADDRESS **1332 WEST WAY DR**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **TD** ☐ Delete
NAME **BENINGSON, HERBERT**
STREET ADDRESS **1130 WEST WAY DR**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **D** ☒ Delete **ADD**
NAME **PEGGY ROBBINS**
STREET ADDRESS **1190 WESTWAY DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Delete **ADD**
NAME **HOWARD BOOKS**
STREET ADDRESS **1240 MORNINGSIDE DR**
CITY-ST-ZIP **SARASOTA FL 34236**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LARRY REINBACK**
STREET ADDRESS **1126 WESTWAY DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☒ Change ☐ Addition
NAME **WAYNE FREED**
STREET ADDRESS **1165 MORNINGSIDE DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **SD** ☒ Change ☐ Addition
NAME **JOAN KOCIAN**
STREET ADDRESS **1224 WESTWAY DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Change ☒ Addition
NAME **PAT DAVIS**
STREET ADDRESS **1310 JOHN RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Change ☒ Addition
NAME **LES FISHMAN**
STREET ADDRESS **1070 WESTWAY DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Change ☒ Addition
NAME **KEN MC MILLER JR**
STREET ADDRESS **1157 MORNINGSIDE PL**
CITY-ST-ZIP **SARASOTA FL 34236**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

H.E. BENINGSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/05 941-388-20435