

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90040 040 \*\*\*\*70.00

**DOCUMENT # N49732**

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



Principal Place of Business  
**1126 WESTWAY DR  
SARASOTA, FL 34236 US**

Mailing Address  
**1126 WESTWAY DR  
SARASOTA, FL 34236 US**

2. Principal Place of Business - No P.O. Box #  
**1165 Morningside Place**

3. Mailing Address  
**19 N. Blvd. of Presidents**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 168**

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

Zip  
**34236**

Country  
**USA**

Zip  
**34236**

Country  
**USA**

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0353712**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CASSELL, STUART D  
1240 CENTICE DR  
SARASOTA, FL 34236**

## 7. Name and Address of New Registered Agent

Name  
**Wayne Freed**  
Street Address (P.O. Box Number is Not Acceptable)  
**1165 Morningside Place**  
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 Wayne Freed, President 3/5/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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	D	<input checked="" type="checkbox"/> Delete
NAME	FISHMAN, LESLIE	
STREET ADDRESS	1070 WESTWAY DR	
CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, DOREEN	
STREET ADDRESS	336 MORNINGSIDE DR	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROST, MARIAN	
STREET ADDRESS	1177 CENTER DR	
CITY-ST-ZIP	SARASOTA, FL 34236\	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROOKS, HOWARD	
STREET ADDRESS	246 MORNING DR	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREED, WAYNE	
STREET ADDRESS	1165 MORNING SIDE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHMAN, LES	
STREET ADDRESS	1070 WESTWAY DR	
CITY-ST-ZIP	SARASOTA, FL 34236	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Kocian	
STREET ADDRESS	1224 Westway Drive	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Berkebile	
STREET ADDRESS	1222 Center Place	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Wieder	
STREET ADDRESS	1475 John Ringling Parkway	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Cercosimo	
STREET ADDRESS	350 Morningside Drive	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Wayne Freed (WAYNE FREED), PRES 3/5/07 941 388-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #