

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005385

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: L'ELEGANCE ON LIDO BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2477 STICKNEY POINT RD  
STE. 118 A  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

1800 BEN FRANKLIN DRIVE  
SARASOTA, FL 34236 US

**Current Mailing Address:**

2477 STICKNEY POINT RD  
STE. 118 A  
SARASOTA, FL 34231 US

**New Mailing Address:**

1800 BEN FRANKLIN DRIVE  
SARASOTA, FL 34236 US

FEI Number: 65-0631328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGEMENT INC.  
2477 STICKNEY POINT RD., STE. 118A  
SARASOTA, FL 34231 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: D ( ) Delete

Name: MARSHALL, MILES

Address: 1800 BEN FRANKLIN DR #407

City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: SD ( ) Delete

Name: KAMPEN, WILLEM

Address: 1800 BEN FRANKLIN DR #1009

City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: TD ( ) Delete

Name: MOORE, DAVID

Address: 1800 BEN FRANKLIN DR #1010

City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: VD ( ) Delete

Name: SPENCER, ROMER

Address: 1800 BEN FRANKLIN DRIVE 805

City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: PD ( ) Delete

Name: CASS, ALEC

Address: 1800 BEN FRANKLIN DR #810

City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

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: ALEXANDER S. CASS

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date