2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N99000005381

Entity Name: DI LIDO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2901 COLLINS AVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2901 COLLINS AVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0969875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUMIET, JUAN P ESQ.
C/O GREENBURG TRAURIG, P.A.
1221 BRICKELL AVE.
MIAMI, FL 33131 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: PD ( ) Delete
Name: LAZAR, BRUCE
Address: 2901 COLLINS AVE., STE. M
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete
Name: KANAVOS, PAUL
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: STD ( ) Delete
Name: KANAVOS, PETER
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: KANAVOS, PAUL
Address: 650 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: STD (X) Change ( ) Addition
Name: KANAVOS, PETER
Address: 650 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE LAZAR PRES 04/29/2004

Electronic Signature of Signing Officer or Director — Date