

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000005381**

1. Entity Name  
DI LIDO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
605 LINCOLN RD  
5TH FLOOR  
MIAMI BEACH, FL 33139

Mailing Address  
605 LINCOLN RD  
5TH FLOOR  
MIAMI BEACH, FL 33139



04062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0969875

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOUMIET, JUAN P ESQ.  
C/O GREENBURG TRAURIG, P.A.  
1221 BRICKELL AVE.  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LAZAR, BRUCE  
STREET ADDRESS 605 LINCOLN RD 5TH FLOOR  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD  
NAME KANAVOS, PAUL  
STREET ADDRESS 650 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE STD  
NAME KANAVOS, PETER  
STREET ADDRESS 650 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07 305 535-8118