

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
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



02122008 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 TRAUIG, 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, 2008**

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

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05/22/08-80035-024 61.25

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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

BRUCE E. LAZAR
PRES.

Date

Daytime Phone #

4/22/08 305 532-1215