

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90061 027 ***150.00

DOCUMENT # P93000010468

1. Entity Name
LIDO TOWERS VACATION RENTALS, INC.



Principal Place of Business
**1001 BEN FRANKLIN DR.
SARASOTA, FL 34236**

Mailing Address
**1001 BEN FRANKLIN DR.
SARASOTA, FL 34236**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0392474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOBECK, DANIEL J
2033 MAIN ST., SUITE 403
SARASOTA, FL 34237**

**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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORONIN, CAMILLE 525 OCEAN AVE., #503 LONG BRANCH, NJ 07740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KING, ANTHONY 1001 BEN FRANKLIN DR #204 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, MARILYN 1001 BEN FRANKLIN DR., UNIT 213 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLIDAY, MICHAEL 34 HOLIDAY POINT ROAD SHERMAN, CT 06784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAZAR, PAUL 4037 S. LAKE COURT SHELBY TWP., MI 48316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPPENBURG, BERNHARD 9421 PEBBLE GLEN AVENUE TAMPA, FL 33647

**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 607, 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 #

Camille Doronin President 5/4/07 (41) 388-5304