FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:27

DOCUMENT # 746257 (5)

1. Corporation Name
LIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1001 BEN FRANKLIN DR SARASOTA FL 34236	1001 BEN FRANKLIN DR SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2013730 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STEARNS, SAM
1001 BEN FRANKLIN DR, UNIT 506
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DORONIN, CAMILE	1.2 NAME	FARR, ARTHUR	
STREET ADDRESS	4 TAYLOR ST.	1.3 STREET ADDRESS	583 LAKE FOREST DRIVE	
CITY-ST-ZIP	LITTLE FERRY NJ	1.4 CITY-ST-ZIP	BAY VILLAGE, OH 44140	
TITLE	TD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	TIRRITO, SALVATROE	2.2 NAME	THOMPSON, RICHARD	
STREET ADDRESS	ONC CAPE LOOKOUT CT.	2.3 STREET ADDRESS	PO BOX 162 RYLAND ROAD	
CITY-ST-ZIP	IRMO SC	2.4 CITY-ST-ZIP	WHITEHOUSE, NJ 08888	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, AUGUSTINE	3.2 NAME		
STREET ADDRESS	6 VIKING DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL RI	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STEARNS, SAM	4.2 NAME		
STREET ADDRESS	1001 BEN FRANKLIN DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	NUGENT, LAWRENCE	5.2 NAME		
STREET ADDRESS	38 LAURELWOOD DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOPDALE MA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	WINKLER, DENISE	6.2 NAME		
STREET ADDRESS	6415 SAUNTON PLACE	6.3 STREET ADDRESS	delete Winkler - no longer a director	
CITY-ST-ZIP	UNIVERSITY PARK FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Augustine Ramos 2-1-95 813-388-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Augustine Ramos

0018804