

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746257 (5)

1. Corporation Name

LIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business

1001 BEN FRANKLIN DR
SARASOTA FL 34236

Mailing Address

1001 BEN FRANKLIN DR
SARASOTA FL 34236



3. Date Incorporated or Qualified
03/14/1979

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

800001854918

-06/07/96--01010--02485

***61.25

FL Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DORONIN, CAMILE
STREET ADDRESS 4 TAYLOR ST.
CITY-ST-ZIP LITTLE FERRY NJ ☒ DELETE

1.1 TITLE TD
1.2 NAME Veronica Dascenzo
1.3 STREET ADDRESS 1001 Ben Franklin Dr Unit #302
1.4 CITY-ST-ZIP Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE TD
NAME TIRRITO, SALVATROE
STREET ADDRESS ONC CAPE LOOKOUT CT.
CITY-ST-ZIP IRMO SC ☐ DELETE

2.1 TITLE D
2.2 NAME Tirrito, Salvatore
2.3 STREET ADDRESS One Cape Lookout Ct.
2.4 CITY-ST-ZIP Irmo, SC 29063 ☒ Change ☐ Addition

TITLE SD
NAME RAMOS, AUGUSTINE
STREET ADDRESS 8 VIKING DRIVE
CITY-ST-ZIP BRISTOL RI ☐ DELETE

3.1 TITLE VPD
3.2 NAME Ramos, Augustine
3.3 STREET ADDRESS 8 Viking Dr
3.4 CITY-ST-ZIP Bristol, RI 02809 ☒ Change ☐ Addition

TITLE D
NAME STEARNS, SAM
STREET ADDRESS 1001 BEN FRANKLIN DR
CITY-ST-ZIP SARASOTA FL ☐ DELETE

4.1 TITLE D
4.2 NAME Stearns, Sam
4.3 STREET ADDRESS 1001 Ben Franklin Dr.
4.4 CITY-ST-ZIP #506 ☐ Change ☐ Addition

TITLE VPD
NAME NUGENT, LAWRENCE
STREET ADDRESS 38 LAURELWOOD DR.
CITY-ST-ZIP HOPDALE MA ☒ DELETE

5.1 TITLE S D
5.2 NAME Norm Harris
5.3 STREET ADDRESS 7859 N. Lake LaSalle Rd.
5.4 CITY-ST-ZIP Morgantown, IN 46160 ☐ Change ☒ Addition

TITLE D
NAME FARR, ARTHUR
STREET ADDRESS 583 LAKE FOREST DRIVE
CITY-ST-ZIP BAY VILLAGE OH ☐ DELETE

6.1 TITLE P D
6.2 NAME Farr, Arthur
6.3 STREET ADDRESS 583 Lake Forest Dr.
6.4 CITY-ST-ZIP Bay Village, OH 44140 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption from the provisions of Sections 617.0502 and 617.1508, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 - 941-388-5504

CR2E037 (12/95)