746257

Attorney and Counselor at	Law	P.O. Box 206 Venice, FL 34284-0206		2 813742 22/9901115 <u>01</u> 1		
City/State/Zip Ph			米米洋	*****35.00 *****35.0 Office Use Only		
CORPORATION NA	ME(S) & DOCUM	TENT NUMBER(S)	, (if known):			
1. (Corporat	ion Name)	(Document #)		1		
2(Corporat	ion Name)	(Document #))	 · .		
3(Corporat		(Document #))	•		
A	tion Name)	(Document #)			
Mail out	Pick up time Will wait AMENDMEN	Photocopy	Certified Cop Certificate of			
W FILINGS	Amendment	And the second s		TS 0		
onProfit	Resignation of R.A.	A., Officer/Director		99 I SECR		
mited Liability	Change of Registe	ered Agent		FIL MAR 22 RETARY AHASSEL		
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Examiner's Initials

TLI

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.05			3, Florida S	tatutes,
*	l corporation organized under t owing statement in order to ch rida.			d agent, or l	ooth, in
1. The name of	the corporation is: Lido Tow	ers Owners Asso	ciation, Inc.	(746257)	
2. The mailing a	address of the corporation is:	1001 Ben Frankl	in Dr	:	
3. Date of incom	poration/qualification: 03/1	4/1979 D	ocument number:_	746257	*
4. The name and	d address of the current register	ed agent and office	•	= 40	ග
Stearns, Sam					86 8
-	1001 Ben Franklin Dr Unit 506				
	Sarasota, FL 34236			Y OF	.ED
5. The name and	d address of the new registered	agent and office: (I	P. O. Box Not Acce	ptable S	ထု
-	William D. Clark	· · · · · · · · · · · · · · · · · · ·			<u> </u>
_	479 Albee Farm Rd			3 - - 1 - 4	
_	Venice, FL 34292 US			•	
The street addreagent, as change	ess of its registered office and ted, will be identical.	the street address o	f the business offic	e of its regi	stered
ath	as authorized by resolution dul be board When Pulls of an officer, chairman or vice chairman	derl	pard of directors or	by an office	r so
ARthu	R H. FARR PRO	esiderat	<u> </u>	***	
Having been na corporation, I h I further agree t performance of registered agen	med as registered agent and to ereby accept the appointment to comply with the provisions of my duties, and I am familiar w t.	o accept service of as registered agen of all statutes relat with and accept the	process for the about and agree to act in the proper at obligation of my p	ove stated in this capac nd complete position as	city.
Ce			March 5, 1999	 	
(S) William : If signing on behalf			(Date)	;	,
	'yped or Printed Name)	and the second s	(Capacity)	*:	

*** FILING FEE: \$35.00 ***