

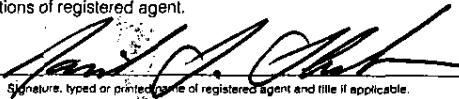



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 006 ****61.25

DOCUMENT # 746257 1. Entity Name LIDO TOWERS OWNERS ASSOCIATION, INC.					
Principal Place of Business 1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236			Mailing Address 1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		14010795 	
City & State Zip		City & State Zip		4. FEI Number 59-2013730 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04172004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent RHODEN, BRUCE 1001 BEN FRANKLIN DR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Daniel J. Lobeck Street Address (P.O. Box Number is Not Acceptable) Lobeck, Hanson & Wells 2033 Main St., Suite 403 City Sarasota FL 34237		
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  4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MISISEHIA, KATHY 2404 RIVVENDALE DR NEW LENOX, IL 60451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Misischia, Kathy 2404 Rivvendale Dr. New Lenox, IL 60451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKINNON, MICHAEL 1355 TANGLEWOOD COURT WINDSOR, ON N9J2K	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thornton, Fred 3432 Hardwood Forest Dr. Louisville, KY 40214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSKEY, JERRY 1001 BEN FRANKLIN DR #213 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/VP Huskey, H. Gerald 1001 Ben Franklin Dr. #213 Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDERS, THOMAS 1009 N JACKSON #2405 MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giangrande, Gino 14 Berkshire Dr. Winchester, Ma. 01890	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DICK P.O. BOX 162 RYLAND ROAD WHITEHOUSE, NJ 08888	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Farr, Arthur 583 Lake Forest Dr Bay Village, OH 44140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFENBERG, TOM 4360 WASHINGTON STREET COLUMBUS, IN 47203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  H. Gerald Huskey 4/26/04 941-388-5504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					