

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90166 023 \*\*\*\*61.25

**DOCUMENT # 746257**

1. Entity 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**

**60010927**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2013730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, ROSALIE  
1001 BEN FRANKLIN DR  
#605  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**Bruce Rhoden**

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

**Office**

**1001 Ben Franklin Dr.**

City

**Sarasota**

FL

Zip Code

**34236**

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 **Bruce Rhoden**

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

(NOTE: Registered Agent signature required when reinstating)

**1/14/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DASCENZO, VERONICA</b>	
STREET ADDRESS	<b>1001 BEN FRANKLIN DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MACKINNON, MICHAEL</b>	
STREET ADDRESS	<b>1355 TANGLEWOOD COURT</b>	
CITY-ST-ZIP	<b>WINDSOR ON N9J2K</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARNOLD, ROSALIE</b>	
STREET ADDRESS	<b>9 GOLFVIEW DRIVE</b>	
CITY-ST-ZIP	<b>LOGANSPOUT IN 46947</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LANDERS, THOMAS</b>	
STREET ADDRESS	<b>1009 N JACKSON #2405</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, DICK</b>	
STREET ADDRESS	<b>P.O. BOX 162 RYLAND ROAD</b>	
CITY-ST-ZIP	<b>WHITEHOUSE NJ 08888</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REIFENBERG, TOM</b>	
STREET ADDRESS	<b>4360 WASHINGTON STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS IN 47203</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kathy Misischia</b>	
STREET ADDRESS	<b>2404 Rivendell Dr.</b>	
CITY-ST-ZIP	<b>New Lenox, IL 60451</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jerry Huskey</b>	
STREET ADDRESS	<b>1001 Ben Franklin Dr # 213</b>	
CITY-ST-ZIP	<b>Sarasota FL 34236</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Bruce Rhoden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**

**941-388-5504**

CR2E037 (10/02)