

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746257

Entity Name: LIDO TOWERS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1001 BENJAMIN FRANKLIN DR.
SARASOTA, FL 34236**Current Mailing Address:**C/O CASEY CONDOMINIUM MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
SARASOTA, FL 34231 US**FEI Number:** 59-2013730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASEY CONDOMINIUM MANAGEMENT
CASEY CONDOMINIUM MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
SARASOTA, FL 34231 US*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.***SIGNATURE:** BRIDGET SPENCE

04/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MINTON, JAMES
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title VP
Name THORNTON, FRED
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title TREASURER
Name DASCENZO, VERONICA
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name HICKOK, NANCY
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title PRESIDENT
Name HUTCHINSON, PHILIP
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title SECRETARY
Name PISCITELLI, JOAN
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title D
Name BIRD, RICHARD
Address C/O CASEY CONDOMINIUM
MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP HUTCHINSON

PRESIDENT

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date