## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746257** 

Entity Name: LIDO TOWERS OWNERS ASSOCIATION, INC.

**FILED** Apr 06, 2022 Secretary of State 1468137501CC

## **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 04/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **DIRECTOR** Title **PRESIDENT** Name MINTON, JAMES Name GETZ, JAMES

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM MANAGEMENT

MANAGEMENT

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name LEHMAN, ROBIN Name PLAUTZ, DENNIS

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM

**MANAGEMENT MANAGEMENT** 

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

SARASOTA FL 34231 SARASOTA FL 34231 City-State-Zip: City-State-Zip:

Title DIRECTOR Title ASST. SECRETARY SPENCE, BRIDGET Name HICKOK, NANCY Name

Address C/O CASEY CONDOMINIUM Address C/O CASEY CONDOMINIUM

MANAGEMENT MANAGEMENT

4370 SOUTH TAMIAMI TRAIL, #102 4370 SOUTH TAMIAMI TRAIL, #102

SARASOTA FL 34231 SARASOTA FL 34231 City-State-Zip: City-State-Zip:

Title ٧P Title **DIRECTOR** LEBOWITZ, PHILIP MANNING, BILL Name Name

Address 4370 S. TAMIAMI TRAIL Address C/O CASEY CONDOMINIUM SUITE 102

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.

04/06/2022 SIGNATURE: BRIDGET SPENCE RA

SARASOTA FL 34231