

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003543

**Entity Name:** LIDO ISLES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2900 GLADES CIRCLE  
SUITE 1150  
WESTON, FL 33327**Current Mailing Address:**PO BOX 266192  
WESTON, FL 33326 US**FEI Number: 65-1073407****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKALAR & ASSOCIATES, P.A.  
150 S PINE ISLAND RD STE 540  
PLANTATION, FL 33324 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	ASST. SECRETARY
Name	RAHUL, ANJANA
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	TREASURER
Name	MAKINEN, PERTTU
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	SECRETARY
Name	BROWN, KEVIN
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	ASST TREASURER
Name	ODLE, CHET
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	PRESIDENT
Name	AMEERALLY, FEROZUL
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	DANIELS, ANDRE
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

Title	VP
Name	ANDERSON, CHRIS
Address	PO BOX 266192
City-State-Zip:	WESTON FL 33326

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: FEROZUL AMEERALLY****PRESIDENT****01/08/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date