

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

DOCUMENT# N00000003543

**FILED**  
**Jan 08, 2018**  
**Secretary of State**  
**CC8695647958**

**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, FERUZUL  
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:** FERUZUL AMEERALLY

**PRESIDENT**

**01/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date