

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010468

Entity Name: LIDO TOWERS VACATION RENTALS, INC.**Current Principal Place of Business:**1001 BEN FRANKLIN DR.
SARASOTA, FL 34236**Current Mailing Address:**1001 BEN FRANKLIN DR.
SARASOTA, FL 34236**FEI Number:** 65-0392474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOBECK, DANIEL J
2033 MAIN ST., SUITE 403
SARASOTA, FL 34237 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	PRESIDENT
Name	HUTCHINSON, PHILIP
Address	1001 BEN FRANKLIN DR., UNIT 701
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER
Name	DASCENZO, VERONICA
Address	1001 BEN FRANKLIN DR. UNIT 302
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	THORNTON, FRED
Address	1001 BEN FRANKLIN DR., UNIT 301
City-State-Zip:	SARASOTA FL 34236

Title	S
Name	PISCITELLI, JOAN
Address	1001 BEN FRANKLIN DR., UNIT 207
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	MINTON, JAMES
Address	1001 BEN FRANKLIN DR., UNIT 204
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	BIRD, RICHARD
Address	1001 BEN FRANKLIN DR., UNIT 305
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	HICKOK, NANCY
Address	1001 BEN FRANKLIN DR. UNIT #513
City-State-Zip:	SARASOTA FL 34236

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP HUTCHINSON**PRESIDENT****04/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date