

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010468

FILED
Apr 13, 2018
Secretary of State
CC7319975754

Entity Name: LIDO TOWERS VACATION RENTALS, INC.

Current Principal Place of Business:

1001 BEN FRANKLIN DR.
SARASOTA, FL 34236

Current Mailing Address:

C/O CASEY CONDOMINIUM MANAGEMENT
4370 SOUTH TAMIAMI TRAIL, #102
SARASOTA, FL 34231 US

FEI Number: 65-0392474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPENCE, BRIDGET
C/O 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

04/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D
Name MINTON, JIM
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 ASST. SECRETARY
Name SPENCE, BRIDGET
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 SOUTH TAMIAMI TRAIL, #102
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name GETZ, JIM
Address 4370 S. TAMIAMI TRAIL
 SUITE 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIDGET SPENCE

RA

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date