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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704088** **(4)**

1. Corporation Name
SIESTA ISLES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 35077 SARASOTA FL 34242-5077	P.O. BOX 35077 SARASOTA FL 34242-5077

3. Date Incorporated or Qualified: **05/24/1962**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-6218086** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLAFLIN, ELINOR
822 PARADISE WAY
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	CREPS, RICHARD		1.2 NAME	ELINORCLAFLIN	
STREET ADDRESS	908 CONTENTO CIRCLE		1.3 STREET ADDRESS	822 PARADISE WAY	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL. 34242	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAU, MARY		2.2 NAME		
STREET ADDRESS	5314 AZURE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	HINE, JACK		3.2 NAME	GERALD HARVEY	
STREET ADDRESS	900 CONTENTO CIRCLE		3.3 STREET ADDRESS	1014 CONTENTO ST	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE	PD	☒ DELETE	4.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	CLAFLIN, ELINOR		4.2 NAME	PAUL E. PHILBRICK	
STREET ADDRESS	822 PARADISE WAY		4.3 STREET ADDRESS	5416 AZURE WAY	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	☒ DELETE	5.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	WEISS, LARRY		5.2 NAME	IRENE PAONESSA	
STREET ADDRESS	5303 LEYTE DR.		5.3 STREET ADDRESS	826 PARADISE WAY	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HICK, MARSALA		6.2 NAME		
STREET ADDRESS	903 CONTENTO CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elinor C.W. Claflin REQUIRED — 8 May 1997 — 941-349-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063687