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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLAFIN, ELINOR		1.2 NAME	
STREET ADDRESS	822 PARADISE WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MAU, MARY		2.2 NAME	MARY ANN DAVILLE
STREET ADDRESS	5314 AZURE WAY		2.3 STREET ADDRESS	814 PARADISE WAY
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	VP	☒ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	HARVEY, GERALD		3.2 NAME	DAVID ZUCH
STREET ADDRESS	1014 CONTENTO ST		3.3 STREET ADDRESS	542 CONTENTO
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PHILBRICK, PAUL E		4.2 NAME	
STREET ADDRESS	5416 AZURE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	PAONESSA, IRENE		5.2 NAME	
STREET ADDRESS	826 PARADISE WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	
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 (10/97)

14. I 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: [illegible] PAUL E PHILBRICK 3-24-98 941-349-4[illegible]