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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704088**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/24/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6218086 — ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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: DAVID ZUCH
82 Street Address (P.O. Box Number is Not Acceptable): 922 CONTENTO ST
83
84 City: SARASOTA FL 85 Zip Code: 34242

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	VP	☐ Change ☒ Addition
NAME	CLAFLIN, ELINOR		1.2 NAME	JOACHIM JOANKER	
STREET ADDRESS	822 PARADISE WAY		1.3 STREET ADDRESS	5569 CAPE LEYTE DRIVE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL. 34242	
TITLE	D	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	DEVILLE, MARY ANN		2.2 NAME	CAROL ARNOLD	
STREET ADDRESS	814 PARADISE WY		2.3 STREET ADDRESS	5440 AZURE WAY	
CITY-ST-ZIP	SARASOTA FL 34242		2.4 CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PRESIDENT	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ZUCH, DAVID		3.2 NAME		
STREET ADDRESS	542 CONTENTO		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		3.4 CITY-ST-ZIP		
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	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HICK, MARSALA		5.2 NAME		
STREET ADDRESS	903 CONTENTO CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Paul Philbrick REQUIRED PHILBRICK 2/23/99 941-349-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #