2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90024 043 ****61.25

DOCUMENT # 704088

1. Entity 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

01092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZUCH, DAVID
922 CONTENTO ST6
SARASOTA, FL 34242

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEPHENSON, ROGER
STREET ADDRESS	5648 SHADOW LAWN DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	PD
NAME	JONKER, DEET
STREET ADDRESS	5281 CAPE LAYTE WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	DS
NAME	ERICKSON, SHARON
STREET ADDRESS	813 IDLEWOOD WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	TD
NAME	ALEXANDER, ~~LYNDAH~~ LYNDA H.
STREET ADDRESS	5448 AZURE WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	DEVILLE, MARY ANN
STREET ADDRESS	814 PARADISE WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	THOMISON, JIM VP
NAME	
STREET ADDRESS	5601 CAPE LEYTE DR.
CITY-ST-ZIP	SARASOTA, FL 34242

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda Alexander LYNDA H ALEXANDER TREASURER 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #