

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90195 004 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 704088 1. Entity Name SIESTA ISLES ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 35077 SARASOTA, FL 34242-5077			Mailing Address P.O. BOX 35077 SARASOTA, FL 34242-5077		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZUCH, DAVID 922 CONTENTO ST6 SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNS, TINA 823 PARADISE WAY SARASOTA, FL 34242	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBERLY LANGEDYK (Last Name) 5402 SHADOW LAWN DR. SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONKER, DEET 5281 CAPE LAYTE WAY SARASOTA, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, LYNDIA H 5448 AZURE WAY SARASOTA, FL 34242	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, ROBERT B. 5448 AZURE WAY SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVILLE, MARY ANN 814 PARADISE WAY SARASOTA, FL 34242	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMISON, JIM 5601 CAPE LEYTE DR SARASOTA, FL 34242	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUCKER, BEN 5444 AZURE WAY SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert B. Alexander</i> ROBERT B. ALEXANDER 1/10/07 (941) 366-5556					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					