2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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

DOCUMENT # 704088 1. Entity Name SIESTA ISLES ASSOCIATION, INC.					01-16-2007 90195 004 ****61.25					
Principal Place of Business P.O. BOX 35077 SARASOTA, FL 34242-5077		Mailing Address P.O. BOX 35077 SARASOTA, FL 34242-5	6077		488(11 (8 4 1)	60001	s della diladi Babis d	(T) B B G B 2 B		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	· - 4							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Numbe NOT AP	PLICABLE			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
ZUCH, DAVID			Name	Name						
922 CONTENTO ST6 SARASOTA, FL 34242			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City	 -				Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registere				r register	ed agent or bot	h in the State of	FL Books Lam	- '		
the obligat	tions of registered agent.	ar the perpose of the igning to re	9,310,03 0,1100 0	" rogister	ed agent, or box	n, in the State of	rionua. ram	i iai illiai wilii,	али ассерс	
SIGNATURE										
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		DATE			
	Signature, typed or printed name of registered agen Filling Fee Is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	· F		k payable t		
10.	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Bo Added to Fees	F	Make chec lorida Depa	rtment of S	tate	
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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.

10/07 SIGNATURE: ROBERT B. ALEXANDER

BIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR (941) 366 - 5556