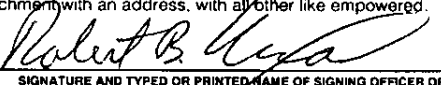


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 012 ****61.25

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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZUCH, DAVID 922 CONTENTO ST6 SARASOTA, FL 34242				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	☒ Delete	TITLE	SD	☐ Change ☐ Addition
NAME	LANGEDY, KIMBERLY		NAME	MITTELDORF, STEPHEN	
STREET ADDRESS	5402 SHADOW LAWN DRIVE		STREET ADDRESS	5511 AZURE WAY	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ROBERT B		NAME		
STREET ADDRESS	5448 AZURE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, LYNDIA H		NAME		
STREET ADDRESS	5448 AZURE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	JONKER, DEET		NAME	TUCKER, BEN	
STREET ADDRESS	5281 CAPE LAYTE WAY		STREET ADDRESS	5448 AZURE WAY	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	TUCKER, BEN		NAME	HOST, BRUCE	
STREET ADDRESS	5444 AZURE WAY		STREET ADDRESS	5568 CONTENTO DR.	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT B. ALEXANDER			Date 4/29/08 Daytime Phone # 941-346-7671		