2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704088

FILED Jan 10, 2009 Secretary of State

Entity Name: SIESTA ISLES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 35077 922 CONTENTO ST

SARASOTA, FL 342425077 SARASOTA, FL 342425077

Current Mailing Address: New Mailing Address:

P.O. BOX 35077

SARASOTA, FL 342425077

FEI Number: 59-6218086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUCH, DAVIDZUCH, DAVID922 CONTENTO ST6922 CONTENTO ST

SARASOTA, FL 34242 US SARASOTA, FL 34242 US

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.

SIGNATURE: 01/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD () Delete Title: STD (X) Change () Addition

 Name:
 ALEXANDER, ROBERT B
 Name:
 LAZELLE, LAIRD L

 Address:
 5448 AZURE WAY
 Address:
 5618 CAPE LEYTE DR

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 TUCKER, BEN
 Name:
 JONKER, DEET

 Address:
 5448 AZURE WAY
 Address:
 5281 CAPE LEYTE WAY

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

Title: V () Delete Title: () Change () Addition

 Name:
 HOST, BRUCE
 Name:

 Address:
 5568 CONTENTO DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:

 Name:
 MITTELDORF, STEPHEN
 Name:
 MITTELDORF, STEPHEN

 Address:
 5511 AZURE WAY
 Address:
 5511 AZURE WAY

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAIRD LAZELLE STD 01/10/2009