

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 028 \*\*\*150.00



**DOCUMENT # H52414**

1. Entity Name  
**SIESTA MOBILE HOME PARK, INC.**

Principal Place of Business  
**155 PALMETTO AVENUE  
 MERRITT ISLAND, FL 32953-3401**

Mailing Address  
**35 COUNTRY CLUB  
 COCOA BEACH, FL 32931**

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

02182008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2537879**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONLON, CAROL  
 35 COUNTRY CLUB  
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name **MATTHEW T. BURKE CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Cape Royal Office Building  
 Suite 707**  
 City **1980 N. Atlantic Avenue** Zip Code  
**Cocoa Beach, FL 32931-3275**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida, and accepts the obligations of registered agent.

SIGNATURE

*Matthew T. Burke CPA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/18/08*

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	CONLON, CAROL
STREET ADDRESS	35 COUNTRY CLUB ROAD
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VPD <input type="checkbox"/> Delete
NAME	CONLON, CRAIG
STREET ADDRESS	35 COUNTRY CLUB ROAD
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, 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:

*Carelan Conlon FTEE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/08*

Date

*321-783-8889*

Daytime Phone #