

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N00000003078

1. Entity Name

SIESTA BAYSIDE SOUTH CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business

9207 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

Mailing Address

9207 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

FILED

04 SEP 27 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09222004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1046542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVARY JR., JOHNSON S ESQ  
22 SOUTH LINKS AVENUE  
#300  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAUDILL, CARRIE  
STREET ADDRESS 9209 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE TD  
NAME SHEFFEL, JOANNE  
STREET ADDRESS 9207 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE SD  
NAME LEVINE, PAMELA  
STREET ADDRESS 9203 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300041639593  
10/06/04--01030--004 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-23-04 941-346-1162