

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003078

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** SIESTA BAYSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9207 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

9207 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 65-1046542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAVARY JR., JOHNSON S ESQ  
1990 MAIN ST  
SUITE 700  
SARASOTA, FL 34236 US

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

SIESTA BAYSIDE SOUTH ASSOC.  
9209 MIDNIGHT PASS RD  
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: CARRIE M CAUDILL

01/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAUDILL, CARRIE  
Address: 9209 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: SHEFFEL, JOANNE  
Address: 9207 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: SD ( ) Delete  
Name: LEVINE, PAMELA  
Address: 9203 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARRIE M CAUDILL

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date