

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003078

**FILED**  
**Feb 26, 2010**  
**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:**

SIESTA BAYSIDE SOUTH ASSOC.  
9209 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARRIE CAUDILL

PRES

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date