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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00540

1. Corporation Name

BOCA SIESTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

LIGHT MANAGEMENT & REALTY
 16 CHURCH ST
 OSPREY FL 34229
 US

16 CHURCH STREET
 OSPREY FL 34229-9349
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Argus Property Mgmt, Inc
 Suite, Apt. #, etc.

26 Boca Siesta Assoc.
 Suite, Apt. #, etc.

12/22/1983

22 1700 Siesta Bayside Dr.
 City & State

27 5911 Midnight Pass Rd.
 City & State

4. FEI Number
 59-2211066

Applied For
 Not Applicable

23 Sarasota, Fla.
 Zip Country

28 Sarasota, Fla.
 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 34242 25 Sarasota 29 34242 30 Sarasota

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICALE, JOSEPH
 5911 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5911 Midnight Pass Rd.

83 City

Sarasota, Fla.

34242

84 Zip Code

FL 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, GEORGE	1.2 NAME	Joe Micale
STREET ADDRESS	5911 MIDNIGHT PASS RD	1.3 STREET ADDRESS	5911 Midnight Pass Rd.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Fla. 34242
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFINO, CHARLES	2.2 NAME	Erich Gross
STREET ADDRESS	420 BEACH RD. #809	2.3 STREET ADDRESS	5911 Midnight Pass Rd.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fla. 34242
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICALE, JOSEPH	3.2 NAME	Don Carlson
STREET ADDRESS	5911 MIDNIGHT PASS RD.	3.3 STREET ADDRESS	5911 Midnight Pass Rd.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fla. 34242
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, HARRIET	4.2 NAME	Robert Blain
STREET ADDRESS	5911 MIDNIGHT PASS RD	4.3 STREET ADDRESS	5911 Midnight Pass Rd.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Fla. 34242
TITLE	ASD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, LLOYD	5.2 NAME	Richard Jaguith
STREET ADDRESS	16 CHURCH ST.	5.3 STREET ADDRESS	5911 Midnight Pass Rd.
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	Sarasota, Fla. 34242
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

2/11/99 9413462048