

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90012 003 ****61.25

DOCUMENT # N00540

1. Entity Name

BOCA SIESTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ARGUS PROPERTY MGMT. INC.
 1200 SIESTA BAYSIDE DR
 SARASOTA FL 34242
 US

BOCA SIEASTA ASSOC.
 5911 MIDNIGHT PASS RD.
 SARASOTA FL 34242-8716
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2211066

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICALE, JOSEPH
5911 MIDNIGHT PASS ROAD
SARASOTA FL 34242

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	MICALE, JOE	5911 MIDNIGHT PASS RD	SARASOTA FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GRASS, ERICH	5911 MIDNIGHT PASS RD.	SARASOTA FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	MICALE, JOSEPH	5911 MIDNIGHT PASS RD.	SARASOTA FL	<input checked="" type="checkbox"/>	T	CARLSON, Don	5911 Midnight Pass Rd	Sarasota, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BLAIR, ROBERT	5911 MIDNIGHT PASS RD.	SARASOTA FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JAGUITH, RICHARD	5911 MIDNIGHT PASS RD.	SARASOTA FL 34242	<input checked="" type="checkbox"/>	D	STEPHENSON, DAVID	5911 Midnight Pass Rd	Sarasota, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E037 (9/99)