

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90011 029 \*\*\*\*61.25

**DOCUMENT # N00540**

1. Entity Name

**BOCA SIESTA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5911 MIDNIGHT PASS RD  
 SARASOTA FL 34242  
 US

5911 MIDNIGHT PASS RD  
 SARASOTA FL 34242  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2456901**

~~59-2211066~~

Applied For

Not Applicable

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

HARING, GEORGE  
 5911 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242

Name **Harriet Weiss**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5911 Midnight Pass Road**  
 City **Sarasota** FL Zip Code **34242**

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: *Harriet Weiss*

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

(NOTE: Registered Agent signature required when reinstating)

*1/30/2002*

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	PD	<input type="checkbox"/> Delete
NAME	BLAIR, ROBERT	
STREET ADDRESS	5911 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAMM, KATHLEEN	
STREET ADDRESS	5911 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISS, HARRIET	
STREET ADDRESS	5911 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOHN, ROBERT	
STREET ADDRESS	5911 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, DAVID	
STREET ADDRESS	5911 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HARING, GEORGE	
STREET ADDRESS	5911 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Steigelmann	
STREET ADDRESS	5911 midnight Pass Rd	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Fay	
STREET ADDRESS	5911 Mid Night Pass Rd.	
CITY-ST-ZIP	Sarasota, FL 34242	

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: *Harriet Weiss*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/30/2002* (941) 346-2048  
 Date Daytime Phone #

CR2E037 (9/01)