


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90050 046 \*\*\*\*61.25

<b>DOCUMENT # N02000009359</b> 1. Entity Name <b>SIESTA BAY R.V. RESORT RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>19333 SUMMERLIN ROAD FORT MYERS, FL 33908</b>			Mailing Address <b>19333 SUMMERLIN ROAD FORT MYERS, FL 33908</b>		
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 <b>36-4517552</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BOWERS, LOU 19333 SUMMERLIN RD LOT 621 FORT MYERS, FL 33908</b>			Name <b>HAROLD DEEL DIRECTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>19333 SUMMERLIN LOT 111</b> City <b>FORT MYERS, FL 33908</b> <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Harold Deel</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>march 12, 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUNNINGHAM, MILLIE 19333 SUMMERLIN, LOT #812 FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARY LAW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19333 SUMMERLIN LOT 236 FORT MYERS, FL 33908</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAW, MARY</b> <input checked="" type="checkbox"/> Delete <b>19333 SUMMERLIN LOT 236 FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DICK LAFFARGUE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19333 SUMMERLIN LOT 449 FORT MYERS, FL 33908</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LINDENIER, DON</b> <input checked="" type="checkbox"/> Delete <b>19333 SUMMERLIN LOT 397 FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVE ANDREWS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>19333 SUMMERLIN LOT 412 FORT MYERS, FL 33908</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SULLIVAN, MARYLYN</b> <input type="checkbox"/> Delete <b>19333 SUMMERLIN LOT 727 FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD RAAB</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>19333 SUMMERLIN LOT 396 FORT MYERS, FL 33908</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHRAF, LLOYD</b> <input type="checkbox"/> Delete <b>19333 SUMMERLIN LOT 862 FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIES, ROBERT</b> <input type="checkbox"/> Delete <b>19333 SUMMERLIN, LOT 106 FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 in Block 10 or Block 11 if added, with all other like empowered.					
SIGNATURE: <i>Harold Deel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <i>3/25/2005</i> Daytime Phone # <i>239-437-4347</i>	