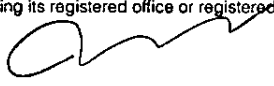
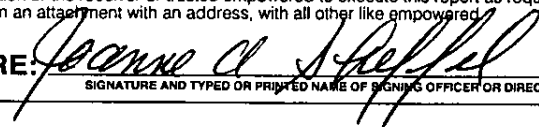


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 042 ****61.25

DOCUMENT # N00000003078					
1. Entity Name SIESTA BAYSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9207 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 9207 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
50038259					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SAVARY JR., JOHNSON S ESQ 22 SOUTH LINKS AVENUE #300 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name <u>Johnson S. Savary, Jr., Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1990 Main Street</u> Suite <u>700</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>	
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  Signature, typed or printed name of registered agent and title if applicable. DATE <u>4-13-05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAUDILL, CARRIE 9209 MIDNIGHT PASS ROAD SARASOTA, FL 34242 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHEFFEL, JOANNE 9207 MIDNIGHT PASS ROAD SARASOTA, FL 34242 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEVINE, PAMELA 9203 MIDNIGHT PASS ROAD SARASOTA, FL 34242 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-13-05</u> Daytime Phone # <u>941-312-9880</u>		