

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009359

Entity Name: SIESTA BAY R.V. RESORT RESIDENTS ASSOCIATION, INC.

FILED
Apr 24, 2015
Secretary of State
CC5982200031

Current Principal Place of Business:

19333 SUMMERLIN ROAD #58
FORT MYERS, FL 33908

Current Mailing Address:

19333 SUMMERLIN RD
#37
FORT MYERS, FL 33908 US

FEI Number: 36-4517552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, BOB
19333 SUMMERLIN RD. #124
FORT MYERS, FL 33908 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OTTE, JOAN A
Address 19333 SUMMERLIN RD #643
City-State-Zip: FORT MYERS FL 33908

Title T
Name PARSONS, GLORIA
Address 19333 SUMMERLIN RD #37
City-State-Zip: FORT MYERS FL 33908

Title VP
Name ARMSTRONG, RANCE
Address 19333 SUMMERLIN RD #746
City-State-Zip: FORT MYERS FL 33908

Title S
Name PITSCH, LINDA
Address 19333 SUMMERLIN RD #374
City-State-Zip: FORT MYERS FL 33908

Title D
Name LAVIOLETTE, PIERRE
Address 19333 SUMMERLIN RD. #553
City-State-Zip: FORT MYERS FL 33908

Title D
Name OLIVER, HARRY
Address 19333 SUMMERLIN RD #279
City-State-Zip: FORT MYERS FL 33908

Title D
Name DESCHRYVER, JOYCE
Address 19333 SUMMERLIN RD #182
City-State-Zip: FORT MYERS FL 33908

Title D
Name PETERS, JAY
Address 19333 SUMMERLIN RD #294
City-State-Zip: FORT MYERS FL 33908

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA PARSONS

TREASURER

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MADDEN, ROCKY
Address 19333 SUMMERLIN RD #421
City-State-Zip: FORT MYERS FL 33908