

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009359

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC9678096614**

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

**Current Principal Place of Business:**

19333 SUMMERLIN ROAD  
FORT MYERS, FL 33908

**Current Mailing Address:**

19333 SUMMERLIN RD  
#643  
FORT MYERS, FL 33908

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

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

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

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

Title D  
Name JOAN, ARCHAMBEAU  
Address 19333 SUMMERLIN RD. #843  
City-State-Zip: FORT MYERS FL 33908

Title D  
Name ROSAIRE, CLAVEAU  
Address 19333 SUMMERLIN RD. #231  
City-State-Zip: FORT MYERS FL 33908

Title D  
Name DICK, EDWARDS  
Address 19333 SUMMERLIN RD #448  
City-State-Zip: FORT MYERS FL 33908

Title D  
Name BERKE, DIANE  
Address 19333 SUMMERLIN RD #751  
City-State-Zip: FORT MYERS FL 33908

**Continues on page 2**

*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:** JOAN A OTTE

**TREASURER**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title D  
Name LOPEZ, JUDY  
Address 19333 SUMMERLIN RD #551  
City-State-Zip: FORT MYERS FL 33908