

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:24

DOCUMENT # **701816** (1)  
1. Corporation Name  
**SIESTA ROYALE APARTMENTS, INC.**

Principal Place of Business Mailing Address  
**6334 MIDNIGHT PASS ROAD SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/20/1960** 3a. Date of Last Report **03/03/1994**  
4. FEI Number **59-0918948** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**LINDQUIST, TERRY**  
**6334 MIDNIGHT PASS RD. #48**  
**SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GORMAN, WILLIAM E.  
STREET ADDRESS 6530 N. ALGONQUIN AVENUE  
CITY-ST-ZIP CHICAGO IL

TITLE VD  
NAME BELLINGER, ROBERT  
STREET ADDRESS 709 PINE RUN DR.  
CITY-ST-ZIP OSPREY FL

TITLE D  
NAME MCDONALD, WILLIAM  
STREET ADDRESS 311 PINE RUN DR.  
CITY-ST-ZIP OSPRAY FL

TITLE D  
NAME GARRON, JAMES  
STREET ADDRESS 6334 MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL

TITLE TSD  
NAME LINDQUIST, TERRY  
STREET ADDRESS 6334 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA FL

TITLE VD  
NAME GAROFALO, JOHN  
STREET ADDRESS 6007 N SHERIDAN  
CITY-ST-ZIP CHICAGO IL

1.1 TITLE  Change  Addition  
NAME D  
STREET ADDRESS ROBERT KUJAWA  
CITY-ST-ZIP 325 W OAK ST  
ARCADIA FL 33821

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terry Lindquist*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Jan 26, 1995* 813  
349-4482  
Typed Name