

FILE NOW: FILING FEE IS \$61.25

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**Sep 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701816 (1)
1. Corporation Name
SIESTA ROYALE APARTMENTS, INC.



Principal Place of Business 6334 MIDNIGHT PASS ROAD SARASOTA FL 34242	Mailing Address 6334 MIDNIGHT PASS ROAD SARASOTA FL 34242
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3. Date Incorporated or Qualified 12/20/1960		
4. FEI Number 59-0918948	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
24. Country	25. Zip
29. Country	30. Zip

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 MILLER, LOIS	
82. Street Address (P.O. Box Number is Not Acceptable) 4540 WEBBER ST	
83. City	
84. City SARASOTA FL	85. Zip Code 34232

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lois R Miller* (NOTE: Registered Agent signature required when reinstating) DATE **8-29-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORMAN, WILLIAM E.	
STREET ADDRESS	8530 N. ALGONQUIN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELLINGER, ROBERT	
STREET ADDRESS	815 PINE RANCH EAST	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	311 PINE RUN DR.	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARRON, JAMES	
STREET ADDRESS	6334 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	LINDQUIST, TERRY	
STREET ADDRESS	6334 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAROFALO, JOHN	
STREET ADDRESS	6007 N SHERIDAN	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KUJAWA, ROBERT	
1.3 STREET ADDRESS	325 W OAK ST	
1.4 CITY-ST-ZIP	ARCADIA FL 33821	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARNELL, RON	
4.3 STREET ADDRESS	6334 MIDNIGHT PASS RD	
4.4 CITY-ST-ZIP	SARASOTA FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	POCIASK, JACK	
5.3 STREET ADDRESS	6334 MIDNIGHT PASS RD	
5.4 CITY-ST-ZIP	SARASOTA FL	
6.1 TITLE	2nd VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Lois R Miller* 8-29-98 941-371-5503

CR2E037 (10/97)