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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701816

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/20/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-0918948

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MILLER, LOIS
4540 WEBBER ST
SARASOTA FL 34242~~

81 Name
Kenneth F. Kandefer, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
2262 Gulf Gate Drive
83
84 City
Sarasota FL 85 Zip Code
34231

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

Kenneth F. Kandefer
Signature, typed or printed name of registered agent and title if applicable.

1/12/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORMAN, WILLIAM E.	
STREET ADDRESS	6530 N. ALGONQUIN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELLINGER, ROBERT	
STREET ADDRESS	615 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 type="checkbox"/> DELETE
NAME	WARNELL, RON	
STREET ADDRESS	6334 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POCIASK, JACK	
STREET ADDRESS	6334 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GAROFALO, JOHN	
STREET ADDRESS	6007 N SHERIDAN	
CITY-ST-ZIP	CHICAGO IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input 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, with all other like emplacements.

SIGNATURE:

Jack Pociask
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 911-349-4924
Date Daytime Phone #

CR2E037 (1/198)