

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90005 019 \*\*\*\*61.25

**DOCUMENT # 701816**

1. Entity Name

**SIESTA ROYALE APARTMENTS, INC.**

Principal Place of Business

Mailing Address

**6334 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242**

**6334 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0918948**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNDEFER, KENNETH F CPA  
 2262 GULF GATE DR.  
 SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

*Kenneth F Kndefer*

*2/24/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GORMAN, WILLIAM E.</b>	
STREET ADDRESS	<b>6530 N. ALGONQUIN AVENUE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUJAWA, ROBERT</b>	
STREET ADDRESS	<b>6334 MIDNIGHT PASS RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDONALD, WILLIAM</b>	
STREET ADDRESS	<b>311 PINE RUN DR.</b>	
CITY-ST-ZIP	<b>OSPREY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARNELL, RON</b>	
STREET ADDRESS	<b>6334 MIDNIGHT PASS RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>POCIASK, JACK</b>	
STREET ADDRESS	<b>6334 MIDNIGHT PASS RD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>GAROFALO, JOHN</b>	
STREET ADDRESS	<b>6007 N SHERIDAN</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS R. SCHMIDT</b>	
STREET ADDRESS	<b>396 BUNKER HILL</b>	
CITY-ST-ZIP	<b>OSPREY, FL 34229</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other IRE empowered.

SIGNATURE:

*John Garofalo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-22-02*

Date

*941-349-4984*

Daytime Phone #

CR2E037 (9/01)