


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701816**  
1. Entity 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**



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0918948**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORMAN, WILLIAM E. 6530 N. ALGONQUIN AVENUE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, THOMAS 396 BUNKER HILL OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, WILLIAM 311 PINE RUN DR. OSPREY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNELL, RON 6334 MIDNIGHT PASS RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENNING, WILLIAM 32447 CAMBORNE LANE LIVONIA, MI 48154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GAROFALO, JOHN 6007 N SHERIDAN CHICAGO, IL

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01/25/05-301104-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

**SIGNATURE:** Thomas Schmidt *vs Board of Dir 1/20/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #