


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701816**  
1. Entity Name  
**SIESTA ROYALE APARTMENTS, INC.**



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

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-0918948**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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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01/20/06-80050-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** William M. Henning      1/12/2006      941 926 7287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #