


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 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
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0918948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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: *Kenneth F Kndefer, CPA* DATE: 1-9-08

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000787788 01/18/08-80014-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD WATKINS, HARRY 204 FRANKLIN ST UHRICHSVILLE, OH 44683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	STD HENNIG, WILLIAM 8359 JESOLO LANE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD TERWILLIGER, CARL 11499 CARR RD DAVISON, MI 48423

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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 Hennig* DATE: 1/14/08 DAYTIME PHONE #: 941 921 3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. HENNIG