

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701816

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: SIESTA ROYALE APARTMENTS, INC.

**Current Principal Place of Business:**

6334 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6334 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 59-0918948      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: 1VPD ( ) Delete  
Name: WATKINS, HARRY  
Address: 204 FRANKLIN ST  
City-St-Zip: UHRICHSVILLE, OH 44683

Title: PD ( ) Delete  
Name: SCHMIDT, THOMAS  
Address: 396 BUNKER HILL  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: MCDONALD, WILLIAM  
Address: 311 PINE RUN DR.  
City-St-Zip: OSPREY, FL

Title: D ( ) Delete  
Name: WARNELL, RON  
Address: 6334 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: HENNIG, WILLIAM  
Address: 8359 JESOLO LANE  
City-St-Zip: SARASOTA, FL 34238

Title: 2VPD ( ) Delete  
Name: TERWILLIGER, CARL  
Address: 11499 CARR RD  
City-St-Zip: DAVISON, MI 48423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SCHMIDT

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date