

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90542 045 ****61.25

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**

20018804



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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**

7. Name and Address of New Registered Agent

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **GORMAN, WILLIAM E.**
STREET ADDRESS **6530 N. ALGONQUIN AVENUE**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** Delete
NAME **KUJAWA, ROBERT**
STREET ADDRESS **6334 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** Delete
NAME **MCDONALD, WILLIAM**
STREET ADDRESS **311 PINE RUN DR.**
CITY-ST-ZIP **OSPREY FL**

TITLE **D** Delete
NAME **WARNELL, RON**
STREET ADDRESS **6334 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** Delete
NAME **POCIASK, JACK**
STREET ADDRESS **6334 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VTD** Delete
NAME **GAROFALO, JOHN**
STREET ADDRESS **6007 N SHERIDAN**
CITY-ST-ZIP **CHICAGO IL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
NAME **ARTHUR REBMOND**
STREET ADDRESS **3247 LORRAINE**
CITY-ST-ZIP **KALAMAZOO, MI 49008**

TITLE **SD** Change Addition
NAME **WILLIAM HENNIG**
STREET ADDRESS **32447 CAMBORNE LN.**
CITY-ST-ZIP **LYONIA, MI 48154**

TITLE **D** Change Addition
NAME **THOMAS SCHMIDT**
STREET ADDRESS **396 BUNKER HILL**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE:

Signature Required

1/21/03

941-349-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

CR2E037 (10/02)