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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711486 (1)

1. Corporation Name

SIESTA KEY UTILITIES AUTHORITY, INC.



Principal Place of Business

Mailing Address

6647 MIDNIGHT PASS RD  
PO DRAWER 40078  
SARASOTA FL 34242

6647 MIDNIGHT PASS RD  
PO DRAWER 40078  
SARASOTA FL 34242-0078

3. Date Incorporated or Qualified  
09/15/1966

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1196243

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWLER, THOMAS H.  
7308 POINT OF ROCKS RD  
SARASOTA FL 34242

81 Name MAYO, HOWELL R.  
82 Street Address (P.O. Box Number is Not Acceptable) 1632 S. LAKE SHORE DRIVE  
83  
84 City SARASOTA FL 85 Zip Code 34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

HOWELL R. MAYO, HOWELL R. MAYO, CHAIRMAN

1-23-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENKINS, JOHN J.	
STREET ADDRESS	4637 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HERB, F. STEVEN	
STREET ADDRESS	5820 RIEGEL'S HARBOR ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TOWLER, THOMAS H.	
STREET ADDRESS	7308 POINTS OF ROCKS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	FIQUET, W.T.	
STREET ADDRESS	7220 PINE NEEDLE ROAD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAYSER, WILLARD C	
STREET ADDRESS	716 TROPICAL CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MAYO, HOWELL R	
STREET ADDRESS	5801 CAPE LEYTE DRIVE	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1632 S. LAKE SHORE DRIVE
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W.T. Fiquet, W.T. Fiquet, Asst. Treasurer

1-23-97

(941) 349-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063671

CFR2037 (9/96)