

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711486 (1)

1. Corporation Name
SIESTA KEY UTILITIES AUTHORITY, INC.



Principal Place of Business 6647 MIDNIGHT PASS RD PO DRAWER 40078 SARASOTA FL 34242	Mailing Address 6647 MIDNIGHT PASS RD PO DRAWER 40078 SARASOTA FL 34242
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3. Date Incorporated or Qualified 09/15/1966	
4. FEI Number 59-1196243	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business Sulte, Apt. #, etc.	22. Mailing Address Sulte, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAYO, HOWELL R.
1632 S. LAKESHORE DRIVE
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENKINS, JOHN J.	
STREET ADDRESS	4637 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HERB, F. STEVEN	
STREET ADDRESS	5820 RIEGEL'S HARBOR ROAD	
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	C	<input type="checkbox"/> DELETE
NAME	MAYO, HOWELL R	
STREET ADDRESS	1632 S, LAKESHORE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Sandra B. Mortham* DATE: **3-26-98 (941) 349-0202**

CFRE037 (10/97)