

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711486

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90058 044 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/15/1966

4. FEI Number

59-1196243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME JENKINS, JOHN J.
STREET ADDRESS 4637 OCEAN BLVD.
CITY-ST-ZIP SARASOTA, FL 00000 ☒ DELETE

TITLE VC
NAME HERB, F. STEVEN
STREET ADDRESS 5820 RIEGEL'S HARBOR ROAD
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE ATD
NAME FIQUET, W.T.
STREET ADDRESS 7220 PINE NEEDLE ROAD
CITY-ST-ZIP SARASOTA, FL 00000 ☐ DELETE

TITLE TD
NAME KAYSER, WILLARD C
STREET ADDRESS 716 TROPICAL CIRCLE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE C
NAME MAYO, HOWELL R
STREET ADDRESS 1632 S. LAKESHORE DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME RICHARD A. A. MARTIN
1.3 STREET ADDRESS 4839 FEATHERED LANE
1.4 CITY-ST-ZIP SARASOTA, FL ☐ Change

2.1 TITLE AT ☐ Change ☒ Addition
2.2 NAME ROBERT E. KIEBITZ
2.3 STREET ADDRESS 1232 PT. CRISP ROAD
2.4 CITY-ST-ZIP SARASOTA, FL ☐ Change

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME ALAN J. WERFT
3.3 STREET ADDRESS 8004 MIDNIGHT PASS ROAD
3.4 CITY-ST-ZIP SARASOTA, FL ☐ Change

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Howell R. Mayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-99 (941) 349-0202
Daytime Phone #

CR2F037-11/98