2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# 711486

Entity Name: SIESTA KEY UTILITIES AUTHORITY, INC.

Current Principal Place of Business:

6647 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 40078
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1196243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERB, F. STEVEN
2070 RINGLING BLVD.
SARASOTA, FL 34237 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: SD ( ) Delete
Name: MARTIN, RICHARD A
Address: 4839 FEATHERBED LANE
City-St-Zip: SARASOTA, FL 34242 US

Title: VC ( ) Delete
Name: WERFT, ALLAN J
Address: 8004 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242 US

Title: ATD ( ) Delete
Name: FIQUET, W T
Address: 7220 PINE NEEDLE ROAD
City-St-Zip: SARASOTA, FL 34242 US

Title: TD ( ) Delete
Name: KAYSER, WILLARD C
Address: 716 TROPICAL CIRCLE
City-St-Zip: SARASOTA, FL 34242 US

Title: ASD ( ) Delete
Name: MOFFAT, FRED L
Address: 7236 PINE NEEDLE ROAD
City-St-Zip: SARASOTA, FL 34242 US

Title: ATD ( ) Delete
Name: KIEBITZ, ROBERT E
Address: 1232 PT CRISP ROAD
City-St-Zip: SARASOTA, FL 34242 US

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 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 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: F STEVEN HERB CHMN 01/09/2004

Electronic Signature of Signing Officer or Director — Date