

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713850

FILED
Apr 14, 2009
Secretary of State

Entity Name: SIESTA TOWN HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

4920 FUITVILLE RD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

4920 FUITVILLE RD
#20
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-1201020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIL, WARREN
4920 FRUITVILLE RD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

MA-CON, INC.
4920 FRUITVILLE RD
SARASOTA, FL 34232 US

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: WARREN WEIL

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: WALKER, RICHARD
Address: 4532 OCEAN BLVD #102
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: GONCZY, NED
Address: 4532 OCEAN BLVD. #107
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: HURXTAHAL, AL
Address: 4532 OCEAN BLVD #101
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, RICHARD
Address: 4532 OCEAN BLVD #102
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HURXTAHAL, AL
Address: 4532 OCEAN BLVD #101
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD WALKER

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date