

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724233

FILED
Jul 06, 2004
Secretary of State

Entity Name: SIESTA KEY BAY POINT ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5562
SARASOTA, FL 34242

New Principal Place of Business:

P.O. BOX 5562
SARASOTA, FL 34277

Current Mailing Address:

P.O. BOX 5562
SARASOTA, FL 34242

New Mailing Address:

P.O. BOX 5562
SARASOTA, FL 34277

FEI Number: 59-1484219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, ROBERT
868 SIESTA KEY CR
SARASOTA, FL 34242 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: D () Delete
Name: WALTERS, GARY
Address: 765 SIESTA KEY CR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: WALTERS, GARY
Address: 765 SIESTA KEY CR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: DENNIS, MATHEWS
Address: 761 SIESTA KEY CR
City-St-Zip: SARASOTA, FL 34242

Title: DS () Delete
Name: PEOPLES, SUE
Address: 841 SIESTA KEY CR
City-St-Zip: SARASOTA, FL 34242

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RUSSO, JOHN
Address: 910 SIESTA KEY PL
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: SCHREMMER, PATTY
Address: 714 SIESTA KEY CR.
City-St-Zip: SARASOTA, FL 34242

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

Title: DP () Change (X) Addition
Name: SWAN, ROBERT
Address: 868 SIESTA KEY CR.
City-St-Zip: SARASOTA, FL 34242

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: ROBERT SWAN

P

07/06/2004

Electronic Signature of Signing Officer or Director

Date