


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 032 ****70.00

DOCUMENT # 724233 1. Entity Name SIESTA KEY BAY POINT ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 5562 SARASOTA FL 34277				Mailing Address P.O. BOX 5562 SARASOTA FL 34277	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1484219	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLEAN, D.B. 800 SIESTA KEY CIR. SARASOTA FL 34242			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>D.B. McLean</i></u> D.B. McLEAN 6-17-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25. Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEAN, D.B.		NAME		
STREET ADDRESS	800 SIESTA KEY CIR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSO, JOHN		NAME	Jim TALKIE	
STREET ADDRESS	910 SIESTA KEY PL		STREET ADDRESS	841 SIESTA KEY Circle	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHREMMER, PATTY		NAME	CHRIS KOFLER	
STREET ADDRESS	714 SIESTA KEY CR.		STREET ADDRESS	718 SIESTA KEY Circle	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACGUIRE, SALLY		NAME	JEFF JOHNSON	
STREET ADDRESS	930 SIESTA KEY PLACE		STREET ADDRESS	704 SIESTA KEY Circle	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>D.B. McLean</i></u> D.B. McLEAN 6-17-08 (941) 346-3064					