

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724772

FILED
Jan 14, 2009
Secretary of State

Entity Name: LA SIESTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

909 BEACH ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

909 BEACH ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1428294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARDINE, CLARICE J
909 BEACH RD
OFFICE
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: DE MARCO, ROSEMARY
Address: 915 BEACH RD #118
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: KIRBY, MIKE
Address: 901 BEACH RD #404
City-St-Zip: SARASOTA, FL 34242

Title: VD () Delete
Name: GRENKE, JOAN
Address: 901 BEACH RD., #106
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: O'CONNOR, DONALD
Address: 2152 CALUSA LAKES BLVD
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: BISHOP, BARBARA
Address: 901 BEACH RD. #103
City-St-Zip: SARASOTA, FL 34241

Title: PD () Delete
Name: JARDINE, CLARICE
Address: 901 BEACH RD #401
City-St-Zip: SARASOTA, FL 34242

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
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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 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: CLARICE JARDINE

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date