

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 001 ****61.25

DOCUMENT # 727893

1. Entity Name

SIESTA KEY FIRE AND RESCUE ADVISORY COUNCIL, INC.



Principal Place of Business

530H CALLE DE LA SIESTA
P. O. BOX 35112
SARASOTA FL 34278
US

Mailing Address

530H CALLE DE LA SIESTA
P. O. BOX 35112
SARASOTA FL 34278
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7360664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAKLEY, ROBERT V
753 TROPICAL CIRCLE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert V. Weakley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ **VP** ☐ Delete
NAME **MILNER, AL**
STREET ADDRESS **5830 MIDNIGHT PASS RD APT 404**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☒ **PD** ☐ Delete
NAME **SPENCER, GINGER**
STREET ADDRESS **9397 MIDNIGHT PASS RD APT 206**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ **ST** ☐ Delete
NAME **MALONE, YVONNE**
STREET ADDRESS **5304 CALLE DE LA SIESTA**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ **D** ☐ Delete
NAME **HAAVIG, MARGE**
STREET ADDRESS **8630 MIDNIGHT PASS RD APT A-301**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yvonne Malone Treas/Sec.*

2-6-06