

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727893

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** SIESTA KEY FIRE AND RESCUE ADVISORY COUNCIL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 23-7360664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAKLEY, ROBERT V  
753 TROPICAL CIRCLE  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

MALONE, YVONNE F  
5304 CALLE DE LA SIESTA  
SARASOTA, FL 34242 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: YVONNE F. MALONE

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MILNER, AL  
Address: 5830 MIDNIGHT PASS RD APT 404  
City-St-Zip: SARASOTA, FL 34242

Title: PD ( ) Delete  
Name: SPENCER, GINGER  
Address: 9397 MIDNIGHT PASS RD APT 206  
City-St-Zip: SARASOTA, FL 34242

Title: ST ( ) Delete  
Name: MALONE, YVONNE  
Address: 5304 CALLE DE LA SIESTA  
City-St-Zip: SARASOTA, FL

**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:

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: YVONNE F. MALONE

ST

01/15/2009

Electronic Signature of Signing Officer or Director

Date