MAR-22-2007 03:37P FROM:

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90015 042 ****61.25

DOCUMENT # 735461

1. Entity Name
SIESTA KEY ASSOCIATION OF SARASOTA, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 35200 SARASOTA, FL 34242	P.O. DRAWER 35200 SARASOTA, FL 34242

03222007 Chg-NP CR2E037 (12/06)

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: 23-7260403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, JOHN F 2033 WOOD STREET SUITE 220 SARASOTA, FL 34237	Name: LOURDES RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 5131 ST. ALBANS AVE City: SARASOTA, FL Zip Code: 34242

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: _____ 3-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAPLEN, ANN PO BOX 35200 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAMIREZ, LOURDES 5131 ST. ALBANS AVE SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMIREZ, LOURDES PO BOX 35200 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE PRESIDENT KAPLAN, ANN 5045 OXFORD DR. SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA STEPHENSON, ROGER H PO BOX 35200 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TRIPP, ROBERT C. 1602 STICKNEY PT RD #402 SARASOTA, FL 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOLAN, JOYCE PO BOX 35200 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOYCE KOUBA 4894 OXFORD DR SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert C Tripp ROBERT C TRIPP TREASURER 3-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #