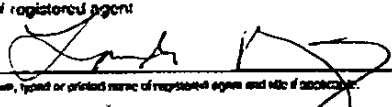


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 P.O. DRAWER 35200 SARASOTA, FL 34242			Mailing Address P.O. DRAWER 35200 SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
State, Apt #, etc			State, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7260403	
5. Name and Address of Current Registered Agent COOK, JOHN F 2033 WOOD STREET SUITE 220 SARASOTA, FL 34237				7. Name and Address of New Registered Agent 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:  DATE: 3-24-07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when recording)					
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	P	☒ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KAPLAN, ANN		NAME	RAMIREZ, LOURDES	
STREET ADDRESS	PO BOX 35200		STREET ADDRESS	5131 ST. ALBANS AVE	
CITY-STATE-ZIP	SARASOTA, FL 34242		CITY-STATE-ZIP	SARASOTA, FL 34242	
TITLE	VP	☒ Delete	TITLE	1ST VICE PRESIDENT	☒ Change ☐ Addition
NAME	RAMIREZ, LOURDES		NAME	KAPLAN, ANN	
STREET ADDRESS	PO BOX 35200		STREET ADDRESS	5045 OXFORD DR.	
CITY-STATE-ZIP	SARASOTA, FL 34242		CITY-STATE-ZIP	SARASOTA, FL 34242	
TITLE	TREA	☒ Delete	TITLE	TREASURER	☒ Change ☐ Addition
NAME	STEPHENSON, ROGER H		NAME	TRIPP, ROBERT C.	
STREET ADDRESS	PO BOX 35200		STREET ADDRESS	1602 STICKNEY PT RD #402	
CITY-STATE-ZIP	SARASOTA, FL 34242		CITY-STATE-ZIP	SARASOTA, FL 34231	
TITLE	VP	☒ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	DOLAN, JOYCE		NAME	JOYCE KOURBA	
STREET ADDRESS	PO BOX 35200		STREET ADDRESS	4894 OXFORD DR	
CITY-STATE-ZIP	SARASOTA, FL 34242		CITY-STATE-ZIP	SARASOTA, FL 34242	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: 			ROBERT C. TRIPP TREASURER 3-27-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone: _____		