2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 735461

Entity Name: SIESTA KEY ASSOCIATION OF SARASOTA, INC.

Current Principal Place of Business:

P.O. DRAWER 35200
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 35200
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 23-7260403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOURDES, RAMIREZ
5135 ST. ALBANS AVE
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: P ( ) Delete
Name: RAMIREZ, LOURDES
Address: 5135 ST ALBANS AVE
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete
Name: KAPLAN, ANN
Address: 5045 OXFORD DR.
City-St-Zip: SARASOTA, FL 34242 US

Title: T ( ) Delete
Name: TRIPP, ROBERT C
Address: 1602 STICKNEY PT RD #402
City-St-Zip: SARASOTA, FL 34231 US

Title: S ( ) Delete
Name: KOUBA, JOYCE
Address: 4894 OXFORD DR
City-St-Zip: SARASOTA, FL 34242 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMIREZ, LOURDES
Address: PO BOX 35200
City-St-Zip: SARASOTA, FL 34242

Title: VP (X) Change ( ) Addition
Name: VANDEVENTER, PAUL
Address: PO BOX 35200
City-St-Zip: SARASOTA, FL 34242 US

Title: T (X) Change ( ) Addition
Name: TRIPP, ROBERT C
Address: PO BOX 35200
City-St-Zip: SARASOTA, FL 34231 US

Title: S (X) Change ( ) Addition
Name: KOUBA, JOYCE
Address: PO BOX 35200
City-St-Zip: SARASOTA, FL 34242 US

Title: 2VP ( ) Change (X) Addition
Name: LUCKNER, CATHERINE
Address: PO BOX 35200
City-St-Zip: SARASOTA, FL 34242

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: LOURDES RAMIREZ P 03/25/2009

Electronic Signature of Signing Officer or Director — Date