2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 737060

Entity Name: SIESTA KEY CONDOMINIUM COUNCIL, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 40031 SARASOTA, FL 34242 US	9397 MIDNIGHT PASS RD. 206 SARASOTA, FL 34242 US
Current Mailing Address:	**New Mailing Address:**
P.O. BOX 40031 SARASOTA, FL 34242 US	9397 MIDNIGHT PASS RD. 206 SARASOTA, FL 34242 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPENCER, GINGER 9397 MIDNIGHT PASS RD C/O THE POINTE 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: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	DT ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SPENCER, GINGER	Name:	
Address:	9397 MIDNIGHT PASS RD	Address:	
City-St-Zip:	SARASOTA, FL 34242	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	OLSON, WALT	Name:	
Address:	6263 MIDNIGHT RUN ROAD #202	Address:	
City-St-Zip:	SARASOTA, FL 34242	City-St-Zip:	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GODIN, JOHN	Name:	
Address:	6785 MIDNIGHT PASS RD 406	Address:	
City-St-Zip:	SARASOTA, FL 34242	City-St-Zip:	
Title:	SD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CIFFORD, HELEN	Name:	
Address:	5858 MIDNIGHT PASS RD	Address:	
City-St-Zip:	SARASOTA, FL 34242	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: GINGER SPENCER DT 02/10/2009

Electronic Signature of Signing Officer or Director Date