

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90142 047 \*\*\*\*61.25

0088192

**DOCUMENT # 738781**

1: Corporation Name

**SIESTA SANDS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

118 BEACH ROAD  
SARASOTA FL 34242-2038

Mailing Address

118 BEACH ROAD  
SARASOTA FL 34242-2038



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

59-1735477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROBERTS, DON E.  
3212 SOUTH GATE CIRCLE  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARANTO, BOB  
STREET ADDRESS 9604 CORTEZ, #321  
CITY-ST-ZIP BRANDON FL 34210

☐ DELETE

TITLE VPD  
NAME HASKETT, BOB  
STREET ADDRESS 6521 WATERFORD CIR  
CITY-ST-ZIP SARASOTA FL 34238

☒ DELETE

TITLE TD  
NAME DESROSIER, BOB  
STREET ADDRESS 1576 JASPER  
CITY-ST-ZIP VENCIE FL

☐ DELETE

TITLE SD  
NAME HANSON, SHIRLEY  
STREET ADDRESS 8241 161ST AVE. N.W.  
CITY-ST-ZIP ANOKA MN

☐ DELETE

TITLE D  
NAME FORTUNA, TED  
STREET ADDRESS 100 DENISE DR  
CITY-ST-ZIP CHEEKTOWAY NY 14227

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD

Rich Williams

305 Rosewood Court

Venice, FL 34293

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*  
2/13/99

941-485-0898  
Daytime Phone #

CR2E037 (11/98)