

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738781

1. Entity Name

SIESTA SANDS CONDOMINIUM ASSOCIATION, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90079 037 ****61.25

Principal Place of Business

Mailing Address

118 BEACH ROAD
SARASOTA FL 34242-2038

118 BEACH ROAD
SARASOTA FL 34242-2038

2. Principal Place of Business

3. Mailing Address

5900 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # I

City & State

City & State

Sarasota FL

4. FEI Number

59-1735477

Applied For

Not Applicable

Zip

Country

Zip

34231

Country

USA

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

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

Name

CATHERINE L. ASTKONSKAS

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

5900 S. TAMIAAMI TRAIL

SUITE I

City

SARASOTA

FL

Zip Code

34231

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.

SIGNATURE

Catherine L. Astkonskas

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

(NOTE: Registered Agent signature required when reinstating)

1-13-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARANTO, BOB 9604 CORTEZ, #321 BRANDON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILLIAMS, RICH 305 ROSEWOOD CT VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DESROSIERS, BOB 1576 JASPER VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HANSON, SHIRLEY 8241 161ST AVE. N.W. ANOKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUNA, TED 100 DENISE DR CHEEKTOWAY NY 14227	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MACANTO, BOB 191 Euclid Avenue Kenmore, NY 14217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HASKETT, BOB 6521 WATERFORD CIRCLE SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DESROSIERS, BOB 1576 JASPER COURT VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORTUNA, TED 100 DENISE DRIVE CHEEKTOWAY, NY 14227	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 J. DESROSIERS 1/14/2000 941-485-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)