

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90112 031 ****61.25

DOCUMENT # 738781

1. Entity Name

SIESTA SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**118 BEACH ROAD
 SARASOTA FL 34242-2038**

Mailing Address

**5900 S. TAMiami TRAIL
 SUITE # 1
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1735477

Applied For

Not Applicable

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

**ASTRONSKAS, CATHERINE L
 5900 S. TAMiami TRAIL
 SUITE 1
 SARASOTA FL 34231**

Name

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

City

FL

Zip Code

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 Astronskas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-01

**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	PD	<input type="checkbox"/> Delete
NAME	MARANTO, BOB	
STREET ADDRESS	191 EUCLID AVENUE	
CITY-ST-ZIP	KENMORE NY 14217	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HASKETT, BOB	
STREET ADDRESS	6521 WATERFORD CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DESROSIERS, BOB	
STREET ADDRESS	1576 JASPER COURT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORTUNA, TED	
STREET ADDRESS	100 DENISE DRIVE	
CITY-ST-ZIP	CHEERTOWAY NY 14227	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Williams, Rich	
STREET ADDRESS	4976 CEDAR OAK WAY	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01

CR2E037 (10/00)