## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am **DOCUMENT # 738781** 1. Entity Name **Secretary of State** SIESTA SANDS CONDOMINIUM ASSOCIATION, INC. 03-05-2002 90141 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 118 BEACH ROAD 5900 S. TAMIAMI TRAIL SARASOTA-FL 34242-2038 SUITE # 1 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1735477 Not Applicable Żip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ASTRONSKAS, CATHERINE L 5900 S. TAMIAMI TRIAL SUITE I Zip Code SARASOTA FL 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 1 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution, Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE TITI F Change ☐ Addition ☐ Delete MARANTO, BOB NAME NAME STREET ADDRESS 191 EUCLID AVENUE STREET ADDRESS CITY-ST-ZIP KENMORE NY 14217 CITY-ST-ZIP **VPD** Delete Change TITLE TITLE ☐ Addition HASKETT, BOB NAME NAME STREET ADDRESS 6521 WATERFORD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TD TITLE ☐ Delete TITLE ☐ Change Addition DESROSIERS, BOB NAME NAME STREET ADDRESS 1576 JASPER COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 SD TITLE Delete TITLE ☐ Change ☐ Addition FORTUNA, TED STREET ADDRESS 100 DENISE DRIVE STREET ADDRESS CITY-ST-ZIP CHEERTOWAY NY 14227 CITY-ST-ZIP Delete Janet Lawlor Change TITLE ☐ Addition 1422 Turnberry Drive NAME RICH, WILLIAM NAME STREET ADDRESS 4976 CEDAR OAK WAY STREET ADDRESS Jarasota FL 34292 CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby, 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

changed, or on an attachment with an address, with all other like empowered.

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