

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90273 003 \*\*\*\*61.25

**DOCUMENT # 739513**

1. Entity Name

SIESTA COVE ASSOCIATION, INC.



Principal Place of Business

1217 SOUTH VIEW DR  
SARASOTA, FL 34242

Mailing Address

1217 SOUTH VIEW DR  
SARASOTA, FL 34242 US



01292006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1827266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRUBER, DAVID  
1217 SOUTH VIEW DR  
SARASOTA, FL 34242

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ANGELLO, GEORGE A
STREET ADDRESS	1202 NORTH VIEW DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	PD
NAME	GRUBER, DAVID - SIMON, TED
STREET ADDRESS	1217 SOUTH VIEW DR 5236 SIESTA COVE DR
CITY-ST-ZIP	SARASTOA, FL 34242
TITLE	S
NAME	BIRTH, BILL FOGEL, SANDRA
STREET ADDRESS	5318 SIESTA COVE DR 1209 Southview DR.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

4/29/06 780 6656