

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 021 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box # 4920 Fruitville Road		3. Mailing Address 4920 Fruitville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34232		Country Sarasota	
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		7. Name and Address of New Registered Agent Name Ma-Con, Inc. Street Address (P.O. Box Number is Not Acceptable) 4920 Fruitville Road City Sarasota FL Zip Code 34232	
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 <u>Warren Weil</u> WARREN WEIL 4/16/07 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANGELLO, GEORGE A 1202 NORTH VIEW DR SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dragash, Dan 1241 South View Drive Sarasota, FL 34242 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SIMON, TED 5236 SIESTA COVE DRIVE SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Battaglia, Elizabeth 1210 North View Drive Sarasota, FL 34242 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOGEL, SANDRA 1209 SOUTHVIEW DRIVE SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>G.A. Angello, Jr.</u>		04/18/2007 941-349-6444	