FILED
May 05, 2005 8:00 am
Secretary of State
03-28-2005 90071 031 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 752266

1. Entity Name
CASA SIERRA CONDOMINIUM ASSOCIATION, INC.

66016085

Principal Place of Business	Mailing Address
205 36TH ST. UNIT 1 HOLMES BEACH, FL 34217	~~205 36TH ST.~~ c/o TAPESTRY LLC ~~UNIT 1~~ c/o BETSEY HARVEY ~~HOLMES BEAC~~ 5335 N. MERIDIAN ST. INDIANAPOLIS, IN 46208

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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH, AUDREY~~
~~2215 AVE. A~~
~~UNIT 1~~
~~BRADENTON BEACH, FL 34217~~

BETSEY HARVEY
5335 N. MERIDIAN ST.
INDIANAPOLIS, IN 46208

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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 Betsey Harvey for Tapestry LLC SOLE OWNER 3.21.05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~AUDREY, SMITH M.~~
STREET ADDRESS	~~2215 AVE. A~~
CITY-ST-ZIP	~~BRADENTON BEACH, FL 34217~~
TITLE	VD
NAME	~~SMITH, JACK~~
STREET ADDRESS	~~2215 AVE.~~ A
CITY-ST-ZIP	~~BRADENTON BEACH, FL 34217~~
TITLE	~~SID~~
NAME	~~LITTLE, MELISSA~~
STREET ADDRESS	~~10307 SPOONBILL RD. W.~~
CITY-ST-ZIP	~~BRADENTON, FL 34209~~
TITLE	SOLE MEMBER, OWNER
NAME	TAPESTRY LLC
STREET ADDRESS	BETSEY HARVEY
CITY-ST-ZIP	5335 N. MERIDIAN ST. INDIANAPOLIS, IN 46208
TITLE	
NAME	BETSEY HARVEY - TAPESTRY LLC
STREET ADDRESS	203 36th STREET
CITY-ST-ZIP	HOLMES BEACH FLORIDA 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Betsey Harvey (Betsey HARVEY) 3.21.05 317.255.9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #