


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 756075
 1. Entity Name
SIESTA PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 235 ROTONDA BLVD. WEST ROTONDA WEST, FL 33497 US	Mailing Address P.O. BOX 273 PLACIDA, FL 33946-0273
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2191226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ADAMS ELAINE J
 2680 TITANIA ROAD
 ENGLEWOOD, FL 34224

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1107700181923 01/19/05-80006-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERINK, DOUGLAS 8822 HANNA LAKE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOOKSTAHLAN, RALPH 2944 92ND ST SE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SIMPELAAR, CATHERINE 235 ROTONDA BLVD #101 ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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: *Douglas G Meyerink* **1-12-05** **941 6977360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #