


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756075</b>			
<b>1. Entity Name</b> SIESTA PALMS CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 235 ROTONDA BLVD. WEST ROTONDA WEST, FL 33497 US		<b>Mailing Address</b> P.O. BOX 273 PLACIDA, FL 33946-0273	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ADAMS ELAINE J 2680 TITANIA ROAD ENGLEWOOD, FL 34224		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
<b>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.</b>			
SIGNATURE _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERINK, DOUGLAS		
STREET ADDRESS	8822 HANNA LAKE		
CITY-ST-ZIP	CALEDONIA, MI 49316		
TITLE	TD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKSTAHLAN, RALPH		
STREET ADDRESS	2944 82ND ST SE		
CITY-ST-ZIP	CALEDONIA, MI 49316		
TITLE	SVD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPELAAR, CATHERINE		
STREET ADDRESS	235 ROTONDA BLVD #101		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Douglas G Meyerink</i>		<b>DATE:</b> 02/21/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<b>841 6977360</b> <small>Daytime Phone #</small>	



02042006 Chg-NP CRZE037 (11/05)

**4. FEI Number**  
59-2191226  Applied For  
Not Applicable

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

UN0000427736  
02/21/06 80020-010 61.25