

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756075

FILED
Jan 14, 2009
Secretary of State

Entity Name: SIESTA PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

235 ROTONDA BLVD. WEST
ROTONDA WEST, FL 33497 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273
PLACIDA, FL 339460273

New Mailing Address:

P.O. BOX 273
PLACIDA, FL 33496 US

FEI Number: 59-2191226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS ELAINE J
2680 TITANIA ROAD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYERINK, DOUGLAS
Address: 8822 HANNA LAKE
City-St-Zip: CALEDONIA, MI 49316

Title: VPTD () Delete
Name: BOCKSTAHLER, RALPH
Address: 2944 92ND ST SE
City-St-Zip: CALEDONIA, MI 49316

Title: SD () Delete
Name: FRISBIE, KENNETH
Address: 1215 OAK DRIVE
City-St-Zip: ASHTABULA, OH 44004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEYERINK, DOUGLAS
Address: 8822 HANNA LAKE
City-St-Zip: CALEDONIA, MI 49316 US

Title: VPTD (X) Change () Addition
Name: BOCKSTAHLER, RALPH
Address: 2944 92ND ST SE
City-St-Zip: CALEDONIA, MI 49316 US

Title: SD (X) Change () Addition
Name: FRISBIE, KENNETH
Address: 1215 OAK DRIVE
City-St-Zip: ASHTABULA, OH 44004 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MEYERINK

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date