

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757741

FILED
Apr 29, 2007
Secretary of State

Entity Name: SIESTA ISLES PROPERTY & HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18564 CUTLASS DR.
FT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

18564 CUTLASS DR.
FT MYERS BEACH, FL 33931 US

New Mailing Address:

FEI Number: 65-0059497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAIPEL, CLIFF
18564 CUTLASS DR.
FT MYERS BEACH, FL 33931 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: T () Delete
Name: CHAIPEL, CLIFFORD,
Address: 18564 CUTLASS DR.
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: P () Delete
Name: OXTON, RICK
Address: 18324 CUTLASS DR.
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D (X) Delete
Name: LIETZ, HAROLD,
Address: 12160 SIESTA DRIVE
City-St-Zip: FT. MYERS BEACH, FL

Title: D (X) Delete
Name: SWOBODA, KARL
Address: 18227 DEEP PASSAGE LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D (X) Delete
Name: SCHULTZ, ESTHER
Address: 18179 DEEP PASSAGE LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D (X) Delete
Name: NYQUIST, GEORGE
Address: 18372 CUTLAS DR
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: STEPHANIE, WEBB
Address: 18356 DEEP PASSAGE LANE
City-St-Zip: FT MYERS BEACH, FL 33931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD CHAIPEL

TREA

04/29/2007

Electronic Signature of Signing Officer or Director

Date