

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 763931

1. Entity Name
CONDOMINIUM ASSOCIATION OF SIESTA PINES, INC.



Principal Place of Business
**14360 S TAMiami TRAIL UNIT B
FORT MYERS, FL 33912 US**

Mailing Address
**14360 S TAMiami TRAIL UNIT B
FORT MYERS, FL 33912 US**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2536395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAPP, PAUL
P & M PROPERTY MGMT.
14360 S TAMiami TRAIL UNIT B
FORT MYERS, FL 33912**

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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

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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LIEBERWIRTH, NADJA 13507 SIESTA PINES CT #104 FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD NUSBANN, LINDA 13500 SIESTA PINES BLVD #303 FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WRIGHT, JOYCE 13507 SIESTA PINES CT #101 FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000865540
04/07/08-80032-022 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #