## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80144

Address:

City-St-Zip:

FILED Mar 27, 2006 Secretary of State

Entity Name: SIESTA DUNES REALTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 6200 MIDNIGHT PASS ROAD SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 6200 MIDNIGHT PASS ROAD SARASOTA, FL 34242 FEI Number: 59-2191867 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUDD, STEVEN H 2940 Ś TAMIAMI TRAIL SARASOTA, FL 34239 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition COSTELLO, WILLIAM NICOLOSO, ALESSANDRO Name: Name: 5236 MIDNIGHT PASS RD #402 6236 MIDNIGHT PASS RD, #100 Address: Address: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: ANDERSON, JOHN A Name: 6208 MIDNIGHT PASS ROAD #100 Address: Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete POWELL, INA JANUS, BOBETTE Name: Name: 3303 SALEM AVENUE 6236 MIDNIGHT PASS RD, #307 Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: ( ) Change (X) Addition MARSHALL, ROBERT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6206 MIDNIGHT PASS RD, #203

SARASOTA, FL 34242

SIGNATURE: JOHN A. ANDERSON T 03/27/2006