2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# F80144

Entity Name: SIESTA DUNES REALTY, INC.

Current Principal Place of Business:

6200 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6200 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-2191867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDD, STEVEN H.
2940 S TAMIAMI TRAIL
SARASOTA, FL 34239 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NICOLOSO, ALESSANDRO
Address: 6236 MIDNIGHT PASS RD, #100
City-St-Zip: SARASOTA, FL 34242

Title: T ( ) Delete
Name: ANDERSON, JOHN A
Address: 6208 MIDNIGHT PASS ROAD #100
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete
Name: JANUS, BOBETTE
Address: 6236 MIDNIGHT PASS RD, #307
City-St-Zip: SARASOTA, FL 34242

Title: V ( ) Delete
Name: MARSHALL, ROBERT
Address: 6206 MIDNIGHT PASS RD, #203
City-St-Zip: SARASOTA, FL 34242

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: SAVAGE, INA M
Address: 4640 ARDALE STREET
City-St-Zip: SARASOTA, FL 34232

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

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

Title: D ( ) Change (X) Addition
Name: ANDERSON, JOHN A
Address: 6208 MIDNIGHT PASS RD, #100
City-St-Zip: SARASOTA, FL 34242

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INA SAVAGE T 08/17/2009

Electronic Signature of Signing Officer or Director Date