**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F94000002531

1. Corporation Name

SIESTA DUNES UNIT 6228R CORPORATION

SILOTA	DUNES ONLY 02200 CON	FORT	ON									
Principal Place	e of Business		ailing Address			<del></del> -	1	I ERBIJOO JIMO KAINI DIDAN ADAM ADAM ADAM ADAM				NIB) (18) 1881
, <del>,</del>			KERRIGAN CRESCENT									
UNIONVILLE, ONTARIO UNIONVILLE, ONTARIO												
CANADA L3R 7S7 CANADA L3R 7S7								DO NOT WRITE IN TH	S SP	ACE		
							3.	Date Incorporated or Qualifed				
2 5			Mailian Addrson				<b>.</b>	05/16/1994 FEI Number		$\neg \neg$	^ nr	lind For
·	lace of Business		Mailing Address				4.			$\vdash$		olied For
Suite Act # etc			D. de - 8 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	Apt # oto				98-0121735	•	107		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
City & State			City & State				<del>  _</del>	SI II Oira Firensian				May Be
<u> </u>	28						Ь.	Election Campaign Financing  Trust Fund Contribution				мау ве Fees
Zíp	Country	Country			-	This corporation owes the current year I	ntana					
<del></del>	25	29	Zip	30	•		0.	Personal Property Tax.		Yes	ſ	□No
24	9. Name and Address of Curi			30			10	Name and Address of New Registere				
	3. Hame and Address of Cur	ioni ivogia	nereu Agent	81	Τ	Name						
LAMI	BRECHT, WILLIAM G				L							
1550 RINGLING BOULEVARD					82 Street Add			P.O Box Number is Not Acceptable)				
	ASOTA FL 34236			83	+							
				"				. <u></u>				
				84		City		F	8	35 Z	Zip C	ode
		=00	07.4500 51 4 61 4		L			· ·			- to I	rogistored
office or r	egistered agent, or both, in the Sta	ite of Florid	ia. Such change was au	thorized by	rth	named corpor ne corporation	rauo is bo	on submits this statement for the purpose oard of directors. I hereby accept the app	ointm	ent a	s reg	istered
agent. I a	m familiar with, and accept the obl	igations of	, Section 607.0505, Flori	da Statutés	ŝ.							
SIGNATURE			···-									
40	Signature, typed or printed name of registered			<del></del>	nt s	signature required i		reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND F	UPEC	7705	2S IN 12
12.	OFFICERS PD	AND DIRE	□ DELETE	13. 11 TITLE				ADDITIONS/CHANGES TO OFFICERS A		] Chan		Addition
TITLE	STRIKE, C G		L DELETE						-	) O	90	[_]
NAME		NII ONNAIL I	E ONTADIO	12 NAME								
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TITLE	SD		☐ DELETE	2 1 TITLE					L	Chair	iye	Addition
NAME	STRIKE, JOAN			. 22 NAME								
STREET ADDRESS 68 KERRIGAN CRESCENT UNIONVILLE ONTARIO					2 3 STREET ADDRESS							
CITY-ST-ZIP	CANADA L3R 7S7			2 4 CITY-	ST-	-ZIP			-	1.0		<u> </u>
TITLE			☐ DELETE	3 1 TITLE					L	] Chan	ige	Addition
NAME				3.2 NAME								
STREET ADDRESS				33 STREE	ΤA	ADDRESS						
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CITY-ST-ZIP				4.4 CITY-S	ST-7	ZiP						
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TITLE			☐ DELETE	61 TITLE						] Chan	ige	Addition
NAME				6 2 NAME								
STREET ADDRESS				63 STREE	ΤA	DDRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 ry leiver of trustee empoyeded to exercise this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an exact mental with an address, both all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 15.1999 905-474-1974

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90137 020 \*\*\*150.00