

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:56

DOCUMENT # **G57281** (9)

1. Corporation Name

BEACHES OF SIESTA, INC.

Principal Place of Business

**6414 MIDNIGHT PASS ROAD
P.O. BOX 40035
SARASOTA FL 34242**

Mailing Address

**6414 MIDNIGHT PASS ROAD
P.O. BOX 40035
SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1983

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2321084

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESROSIERS, WILFRED N.
6414 MIDNIGHT PASS ROAD
SUITE 305
SARASOTA FL 34242**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typewritten printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DESROSIERS, ERNEST A.
STREET ADDRESS	6414 MIDNIGHT PASS ROAD
CITY ST ZIP	SARASOTA FL
TITLE	DV
NAME	DESROSIERS, WILFRED N
STREET ADDRESS	6414 MIDNIGHT PASS ROAD
CITY ST ZIP	SARASOTA, FL 00000
TITLE	D
NAME	SCHOENBAUM, ALEX
STREET ADDRESS	6414 MIDNIGHT PASS ROAD
CITY ST ZIP	SARASOTA FL
TITLE	D
NAME	WENTZEL, EDWIN, JR.
STREET ADDRESS	582 COMMONWEALTH LANE
CITY ST ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 receiver or trustee empowered to execute 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 attachment with an address.

SIGNATURE:

Ernest A. Desrosiers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernest A. Desrosiers

2/25/95

(813) 366-2983