

4-21-97 B- 5050 -C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34242-0035

3. Date Incorporated or Qualified

08/29/1983

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

34278

Country

28 Zip

34278

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME DESROSIERS, ERNEST A.
STREET ADDRESS 6414 MIDNIGHT PASS ROAD
CITY - ST - ZIP SARASOTA FLTITLE ☐ DELETENAME DESROSIERS, WILFRED N.
STREET ADDRESS 6414 MIDNIGHT PASS ROAD
CITY - ST - ZIP SARASOTA, FL 00000TITLE ☐ DELETENAME SCHOENBAUM, ALEX
STREET ADDRESS 6414 MIDNIGHT PASS ROAD
CITY - ST - ZIP SARASOTA FLTITLE ☐ DELETENAME WENTZEL, EDWIN, JR.
STREET ADDRESS 562 COMMONWEALTH LANE
CITY - ST - ZIP SARASOTA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Wentzel, Jr.

8-15-97

941-346-0922

Date

Daytime Phone #

0430678

CR2E034 (9/96)

FILED
Apr 21 1997 8:00am
Secretary of State