

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 010 \*\*\*\*61.25

**DOCUMENT # N00000003078**

**1. Entity Name**  
**SIESTA BAYSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**9207 MIDNIGHT PASS ROAD**  
**SARASOTA, FL 34242**

**Mailing Address**  
**9207 MIDNIGHT PASS ROAD**  
**SARASOTA, FL 34242**

40043311



03302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-1046542**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAVARY JR., JOHNSON S ESQ**  
**1990 MAIN ST**  
**SUITE 700**  
**SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** CAUDILL, CARRIE  
**STREET ADDRESS** 9209 MIDNIGHT PASS ROAD  
**CITY-ST-ZIP** SARASOTA, FL 34242

**TITLE** TD  
**NAME** SHEFFEL, JOANNE  
**STREET ADDRESS** 9207 MIDNIGHT PASS ROAD  
**CITY-ST-ZIP** SARASOTA, FL 34242

**TITLE** SD  
**NAME** LEVINE, PAMELA  
**STREET ADDRESS** 9203 MIDNIGHT PASS ROAD  
**CITY-ST-ZIP** SARASOTA, FL 34242

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/06** **941-346-1162**  
Date Daytime Phone #

ATTACHMENT

40045517  
#N000000003078

LAW OFFICES OF  
**DUNLAP & MORAN, P.A.**

SUITE 700  
1990 MAIN STREET  
SARASOTA, FLORIDA 34236  
POST OFFICE BOX 3948  
SARASOTA, FLORIDA 34230-3948  
TELEPHONE 941-366-0115  
FACSIMILE 941-365-4660

April 4, 2006

JUDSON H. BAILEY  
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REBECCA J. PROCTOR  
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JOHNSON S. SAVARY, JR.††

\* FLORIDA BAR BOARD CERTIFIED-  
REAL ESTATE  
^ ALSO LICENSED IN KENTUCKY  
\*\* ALSO LICENSED IN TEXAS  
† OF COUNSEL  
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†† ALSO LICENSED IN NEW YORK  
‡ FLORIDA BAR BOARD CERTIFIED-  
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ALSO LICENSED IN  
COLORADO AND MICHIGAN  
§ OF COUNSEL  
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†† ALSO LICENSED IN MICHIGAN

5789-5

Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

Re: **SIESTA BAYSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.**

Dear Sir/Madam:

**Enclosed** herewith for filing is the 2006 Not-For-Profit Corporation Annual Report, in connection with the above-referenced corporation.

Also, **enclosed** please find a check in the amount of \$61.25, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

  
Ryan A. Featherstone, Esq.

RAF:5789-5/Ltr - Div of Corp - An Rpt filing  
Enclosures