

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90352 016 ****61.25

DOCUMENT # N0100000503
1. Entity Name
SIESTA BEACHSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **124 COLUMBUS BLVD. SARASOTA FL 34242**
Mailing Address: **5150 OCEAN BLVD. SARASOTA FL 34242**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

4. FEI Number: **56-5592269**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HARRZSON, CRAZG R
1605 MAIN ST.
SARASOTA FL 34236**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE: PD NAME: HAARER, GREGG G STREET ADDRESS: 3981 SAWYER ROAD CITY-ST-ZIP: SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete	
TITLE: TD NAME: SMITH, JERRY STREET ADDRESS: 8858 MISTY CREEK DRIVE CITY-ST-ZIP: SARASOTA FL 34241	<input checked="" type="checkbox"/> Delete	
TITLE: SD NAME: DEAR, RICHARD STREET ADDRESS: 110 BEACH ROAD CITY-ST-ZIP: SARASOTA FL 34239	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: ROBERT HOLSTEAD STREET ADDRESS: 17545 Sweetwood Ct CITY-ST-ZIP: ROUND HILL, VA 20141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S/T NAME: JAMES P FESTA STREET ADDRESS: 8051 N. TAMiami TRAIL, Box 24 CITY-ST-ZIP: SARASOTA, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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]* **1-27-03 941-349-1125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #