2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# N01000006137

Entity Name: SIESTA KEY COMMITTEE FOR COMMUNITY REPRESENTATION, INC.

Current Principal Place of Business:

5053 OCEAN BLVD, PMB 279
SARASOTA, FL 342421607

New Principal Place of Business:

819 MANGROVE POINT RD
SARASOTA, FL 342421234

Current Mailing Address:

5053 OCEAN BLVD, PMB 279
SARASOTA, FL 342421607

New Mailing Address:

819 MANGROVE POINT RD
SARASOTA, FL 342421234

FEI Number: 04-3601163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1515 RINGLING BLVD, SUITE 900
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAYNES, STEPHEN
Address: 5300 OCEAN BLVD #904
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: GARNER, LEONARD PRES
Address: 819 MANGROVE POINT RD
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: CUNNINGHAM, SHARON
Address: 1030 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: THOMISON, JAMES E
Address: 5601 CAPE LEYTE DR
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD W. GARNER DIRE 07/02/2004

Electronic Signature of Signing Officer or Director — Date