


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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90070 039 ****61.25

DOCUMENT # N01206	
1. Entity Name	
SIESTA KEY VILLAGE MERCHANTS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
5053 OCEAN BLVD., BOX 28 SARASOTA FL 34242	5053 OCEAN BLVD., BOX 28 SARASOTA FL 34242

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



MOORE CR2E037 (11/03)

4. FEI Number		Applied For
59-2372537		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HYMAN, ROSALIND S 5111 OCEAN BLVD SARASOTA FL 34242		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

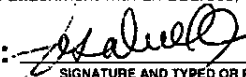
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYPRETT, TROY D.			NAME	Keith Miller		
STREET ADDRESS	5117 SANDY COVE AVE.			STREET ADDRESS	5212 1/2 Ocean Blvd		
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP	Sarasota, FL 34242		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRSCHER, ROBERT A			NAME	Mark Smith		
STREET ADDRESS	210 AVENIDA MADERA			STREET ADDRESS	5032 Calle Minorga		
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP	Sarasota, FL 34242		
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DULEY, CHERYL			NAME			
STREET ADDRESS	215 CANAL RD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYMAN, ROSALIND S			NAME			
STREET ADDRESS	5111 OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **Rosalind S. Hyman** **3/4/04 941-349-2770 ext227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #