

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01206**

1. Entity Name  
**SIESTA KEY VILLAGE MERCHANTS ASSOCIATION, INC.**



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

Mailing Address  
**5053 OCEAN BLVD., BOX 28  
SARASOTA, FL 34242**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2372537** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**HYMAN, ROSALIND S  
5111 OCEAN BLVD  
SARASOTA, FL 34242**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MILLER, KEITH  
5212 1/2 OCEAN BLVD.  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SMITH, MARK  
5032 CALLE MINORGA  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
DULEY, CHERYL  
215 CANAL RD  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HYMAN, ROSALIND S  
5111 OCEAN BLVD  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000304461  
04/14/05-80049-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; 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

**ROSALIND S. HYMAN**

Date

Daytime Phone #

**5/1/05 941-345-2720**