2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N01206

Entity Name: SIESTA KEY VILLAGE MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

5053 OCEAN BLVD., BOX 28
SARASOTA, FL 34242

New Principal Place of Business:

5053 OCEAN BLVD.,
#28
SARASOTA, FL 34242

Current Mailing Address:

5053 OCEAN BLVD., BOX 28
SARASOTA, FL 34242

New Mailing Address:

5053 OCEAN BLVD.,
#28
SARASOTA, FL 34242

FEI Number: 59-2372537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYMAN, ROSALIND S
5111 OCEAN BLVD
SARASOTA, FL 34242 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:	DP	( ) Delete
Name:	SMITH, MARK	
Address:	5032 CALLE MINORGA	
City-St-Zip:	SARASOTA, FL 34242	
Title:	DVP	( ) Delete
Name:	MATTHES, RUSSELL	
Address:	5250 OCEAN BLVD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	DS	( ) Delete
Name:	MCDONALD, DENISE	
Address:	5035 OCEAN BLVD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	DT	( ) Delete
Name:	HYMAN, ROSALIND S	
Address:	5111 OCEAN BLVD	
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 exemption stated 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 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: ROSALIND S. HYMAN DIR 01/13/2009

Electronic Signature of Signing Officer or Director — Date