


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

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90160 043 \*\*\*\*61.25

**DOCUMENT # N02000003498**

1. Entity Name  
**SIESTA VILLA II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**431 BEACH ROAD  
 SARASOTA, FL 34242**

Mailing Address  
**6423 N MERIDIAN RD  
 ROCKFORD, IL 61101**

**14003058**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**6131 Beaver Creek Court**  
 Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State  
**Fort Wayne IN**

City & State  
**Fort Wayne IN**

Zip  
**46814**

Country

4. FEI Number  
**APPLIED FOR 030441206**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORGAN VOSS, NANCY  
 433 BEACH ROAD  
 SARASOTA, FL 34242**

7. Name and Address of New Registered Agent  
 Name **Christie J. Brinkman**  
 Street Address (P.O. Box Number is Not Acceptable) **431 Beach Road**  
 City **Sarasota** FL Zip Code **34242**

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 *Christie J. Brinkman* DATE **4/25/05**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D MARINKOVIC, ROLAND PO BOX 2512 SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, RAY PO BOX 2512 SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN VOSS, NANCY 6423 N MERIDIAN ROAD ROCKFORD, IL 61101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MARY 4 MULBERRY WAOL LONDON SW36D4, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINKMAN, CHRISTIE 6131 BEAVER CREEK COURT FORT WAYNE, IN 46814 <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	T, <b>President</b> Morgan Voss, Nancy 6423 N. Meridian Road Rockford, IL 61101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, <b>Secretary</b> Davis, Mary 4 Mulberry Walk London SW36D4 UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, <b>Treasurer</b> Brinkman, Christie J. 6131 Beaver Creek Court Fort Wayne, IN 46814 <input checked="" type="checkbox"/> Change <input 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 empowerments.

SIGNATURE: *Christie J. Brinkman* DATE **4/25/05** DAYTIME PHONE # **260-436-2125**

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