

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N02000006197

1. Entity Name
GRAND SIESTA I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3701 S. OSPREY AVE.
SARASOTA, FL 34239**

Mailing Address
**3701 S. OSPREY AVE.
SARASOTA, FL 34239**



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0854709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTOPHER K. CASWELL, P.A.
240 S. PINEAPPLE AVE.
802
SARASOTA, FL 34236**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLANIGAN, KAREN
STREET ADDRESS 3701 S. OSPREY AVE.
CITY- ST- ZIP SARASOTA, FL 34239

TITLE D
NAME SOLLAZZO, JOHN
STREET ADDRESS 447 CANAL ROAD
CITY- ST- ZIP SARASOTA, FL 34242

TITLE D
NAME SOLLAZZO, BONNIE
STREET ADDRESS 447 CANAL ROAD
CITY- ST- ZIP SARASOTA, FL 342342

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000760275
05/25/07-80005-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen Flanigan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2007

Date

Daytime Phone #