


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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90241 035 \*\*\*\*61.25

**DOCUMENT # N02000007400**

1. Entity Name  
 SIESTA SANDS ASSOCIATION, INC.



Principal Place of Business  
 118 BEACH ROAD  
 SARASOTA, FL 34242

Mailing Address  
 5900 S. TAMiami TRAIL  
 #1  
 SARASOTA, FL 34231

20044166



2. Principal Place of Business

3. Mailing Address  
 P.O. Box 19319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152005 Chg-NP CR2E037 (10/03)

City & State  
 SARASOTA, FL

City & State  
 SARASOTA, FL

4. FEI Number  
 60-0004011

Applied For  
 Not Applicable

Zip Country  
 34242 --

Zip Country  
 34276 --

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

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

TRACY, CATHERINE L  
 5900 S. TAMiami TRAIL  
 #1  
 SARASOTA, FL 34231

**7. Name and Address of New Registered Agent**

Name  
 CATHERINE L. TRACY

Street Address (P.O. Box Number is Not Acceptable)  
 2058 Constitution Blvd

City  
 SARASOTA FL Zip Code  
 34231

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 Catherine L. Tracy DATE 1-15-05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANTO, BOB 118 BEACH ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE: 4-25-05 DAYTIME PHONE #: 716 8736276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR