

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N02000007400

Entity Name: SIESTA SANDS ASSOCIATION, INC.

Current Principal Place of Business:

118 BEACH ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19319
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 60-0004011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY, CATHERINE L
2058 CONSTITUTION BLVD
SARASOTA, FL 34231 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: D () Delete
Name: LAWLOR, JANET
Address: 118 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: DESROSIERS, BOB
Address: 118 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: FORTUNA, TED
Address: 118 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete
Name: FRARACCO, RUDOLPH
Address: 633 TREASURE BEAT WAY
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRARACCO, RUDOLPH
Address: 633 TREASURE BEAT WAY
City-St-Zip: SARASOTA, FL 34242

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: BOB DESROSIERS

DIR

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date