

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90015 013 ****61.25

DOCUMENT # N02000009359					
1. Entity Name SIESTA BAY R.V. RESORT RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 19333 SUMMERLIN ROAD FORT MYERS, FL 33908			Mailing Address 19333 SUMMERLIN ROAD FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 36-4517552				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEL, HAROLD 19333 SUMMERLIN RD LOT 111 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <u>Harold Deel</u> 2-20-06 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when resigning) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME CUNNINGHAM, MILLIE STREET ADDRESS 19333 SUMMERLIN, LOT #812 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Delete		TITLE S NAME CUNNINGHAM, MILLIE STREET ADDRESS 19333 SUMMERLIN #812 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Change ☐ Addition	
TITLE VP NAME LAW, MARY STREET ADDRESS 19333 SUMMERLIN LOT 238 CITY-ST-ZIP FORT MYERS, FL 33908	☐ Delete		TITLE D NAME DAVE ANDREWS STREET ADDRESS 19333 SUMMERLIN #412 CITY-ST-ZIP FORT MYERS FL 33908	☒ XXX ☐ Change ☐ Addition	
TITLE P NAME LAFFARGUE, DICK STREET ADDRESS 19333 SUMMERLIN LOT 449 CITY-ST-ZIP FORT MYERS, FL 33908	☐ Delete		TITLE D NAME RICHARD RAAB STREET ADDRESS 19333 SUMMERLIN #396 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Change ☐ Addition	
TITLE T NAME SULLIVAN, MARYLYN STREET ADDRESS 19333 SUMMERLIN LOT 727 CITY-ST-ZIP FORT MYERS, FL 33908	☐ Delete		TITLE D NAME BOB DAVIS STREET ADDRESS 19333 SUMMERLIN #124 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Change ☐ Addition	
TITLE AP NAME SCHRAF, LLOYD STREET ADDRESS 19333 SUMMERLIN LOT 862 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Delete		TITLE D NAME CHARLES MELICK STREET ADDRESS 19333 SUMMERLIN #559 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Change ☐ Addition	
TITLE D NAME FIES, ROBERT STREET ADDRESS 19333 SUMMERLIN, LOT 108 CITY-ST-ZIP FORT MYERS, FL 33908	☒ XXX ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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 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: <u>Millie Cunningham</u> 2-20-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					

Millie Cunningham Feb 9 2006

239-466-5461