# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000537

1. Entity Name
QUALITY OF LIFE ASSOCIATION FOR SIESTA KEY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2383<br>SARASOTA, FL 34230 | P.O. BOX 2383<br>SARASOTA, FL 34230 |

03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3778128 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, R. GRAIG ESQ.
LYONS, BEAUDRY & HARRISON, P.A.
1605 MAIN STREET, SUITE 1111
SARASOTA, FL 34236

DO NOT WRITE 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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | DEAR, RICHARD |
| STREET ADDRESS | 5160 OCEAN BOULEVARD |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | VPD |
| NAME | BURNS, WILLIAM H |
| STREET ADDRESS | 8520 HERON LAGOON CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | STD |
| NAME | VALENTINE, CHARLIE |
| STREET ADDRESS | 5164 KESTRAL PARK TERRACE |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | D |
| NAME | HARRISON, R. CRAIG |
| STREET ADDRESS | 1605 MAIN STREET, STE 1111 |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | D |
| NAME | STOCKSTILL, MARY ANN T |
| STREET ADDRESS | 1104 MOONMIST CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | D |
| NAME | PHELAN, JANE |
| STREET ADDRESS | 3433 HAMILTON AVENUE |
| CITY-ST-ZIP | SAARASOTA, FL 34242 |

U00000436300
04/22/06-80031-017 61.25

DO NOT WRITE 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: [signature] RICHARD DEAR APRIL 3, 06 941 349-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #