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 SARASOTA, FL 34230	P.O. BOX 2383 SARASOTA, FL 34230

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03282006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
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, 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	5150 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

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04/22/06-80031-017 61.25

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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: _____ RJ CHARLES DEAR APRIL 3, 06 941 349-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #