

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000537

FILED  
Apr 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 2383  
SARASOTA, FL 34230

**New Principal Place of Business:**

153 AVENIDA MESSINA  
SARASOTA, FL 34242

**Current Mailing Address:**

P.O. BOX 2383  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 59-3778128      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, R. GRAIG ESQ.  
LYONS, BEAUDRY & HARRISON, P.A.  
1605 MAIN STREET, SUITE 1111  
SARASOTA, FL 34236 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: PD ( ) Delete  
Name: DEAR, RICHARD  
Address: 5150 OCEAN BOULEVARD  
City-St-Zip: SARASOTA, FL 34242

Title: VPD ( ) Delete  
Name: BURNS, WILLIAM H  
Address: 8520 HERON LAGOON CIRCLE  
City-St-Zip: SARASOTA, FL 34242

Title: STD ( ) Delete  
Name: VALENTINE, CHARLIE  
Address: 5164 KESTRAL PARK TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: HARRISON, R. CRAIG  
Address: 1605 MAIN STREET, STE 1111  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: STOCKSTILL, MARY ANN T  
Address: 1104 MOONMIST CIRCLE  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: PHELAN, JANE  
Address: 3433 HAMILTON AVENUE  
City-St-Zip: SAARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD DEAR

PD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date