


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90219 006 ****61.25

DOCUMENT # N04000006829 1. Entity Name SIESTA SUN LEASEHOLDERS ASSN., INC.	
--	---

Principal Place of Business DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236	Mailing Address DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236
--	--

DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0897985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ.
DUNLAP & MORAN, P.A.
1990 MAIN STREET, STE 700
SARASOTA, FL 34238

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLARD, TOM 1990 MAIN ST SUITE 700 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLWICK, CARLTON 1990 MAIN ST SUITE 700 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICKS, GARY 1990 MAIN ST SUITE 700 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRASUHN, ROB 1990 MAIN ST SUITE 700 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Robert Grosvenor ROBERT GROSVENOR 4/20/07 941 953-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #