
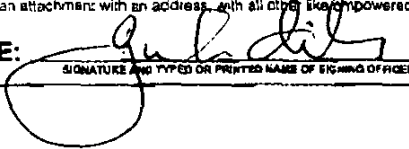


**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90017 038 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N04000006829</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUZIER, THOMAS B ESQ. DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				City	
				State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, TOM			NAME	
STREET ADDRESS	1990 MAIN ST SUITE 700			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLWICK, CARLTON			NAME	
STREET ADDRESS	1990 MAIN ST SUITE 700			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, GARY			NAME	
STREET ADDRESS	1990 MAIN ST SUITE 700			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRASUHN, ROB			NAME	
STREET ADDRESS	1990 MAIN ST SUITE 700			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				3/12/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	