

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2009
Secretary of State**

DOCUMENT# N04000006829

Entity Name: SIESTA SUN LEASEHOLDERS ASSN., INC.

Current Principal Place of Business:

DUNLAP & MORAN, P.A.
1990 MAIN STREET, STE 700
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

DUNLAP & MORAN, P.A.
1990 MAIN STREET, STE 700
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-0897985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUZIER, THOMAS B ESQ.
DUNLAP & MORAN, P.A.
1990 MAIN STREET, STE 700
SARASOTA, FL 34238 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: P () Delete
Name: BALLARD, TOM
Address: 1990 MAIN ST SUITE 700
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: DOLWICK, CARLTON
Address: 1990 MAIN ST SUITE 700
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: HENDRICKS, GARY
Address: 1990 MAIN ST SUITE 700
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: PRASUHN, ROB
Address: 1990 MAIN ST SUITE 700
City-St-Zip: SARASOTA, FL 34236

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:

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: THOMAS BALLARD

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date