## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010700

FILED Jan 16, 2007 Secretary of State

Entity Name: SIESTA POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2033 MAIN STREET STE 600 1188 N. TAMIAMI TRAIL

SARASOTA, FL 34237 SUITE 205

SARASOTA, FL 34236

**Current Mailing Address:** New Mailing Address:

2033 MAIN STREET STE 600 1188 N. TAMIAMI TRAIL SARASOTA, FL 34237 SUITE 205

SARASOTA, FL 34236

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

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

ICARD MERRILL CULLIS TIMM FUREN & GINSBURG ATTN: STEPHEN D RESS 2033 MAIN STREET STE 600 SARASOTA, FL 34237 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MOYNIHAN, JAMES M MOYNIHAN, JAMES M Name: Name:

85 COCOANUT AVENUE E 600 Address: 1188 N. TAMIAMI TRAIL, SUITE 205 Address:

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: DV () Delete Title: (X) Change ( ) Addition

Name: ROSS, ELLEN Name: ROSS, ELLEN

Address: 85 COCOANUT AVENUE E 600 Address: 1188 N. TAMIAMI TRAIL, SUITE 205 City-St-Zip:

SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: () Delete Title: () Change () Addition Name:

WINFREE, ROB Name: 4349 PINE MEADOW TERRACE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. MOYNIHAN DP 01/16/2007