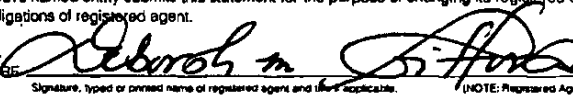
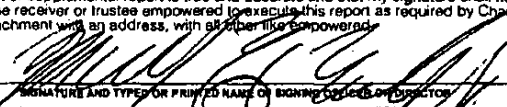


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-29-2008 90014 045 ****61.25

DOCUMENT # N07000003673			
1. Entity Name SUMMER COVE ON SIESTA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6101 MIDNIGHT PASS ROAD SARASOTA, FL		Mailing Address 6101 MIDNIGHT PASS ROAD SARASOTA, FL	
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
4. FEI Number 20-8034491		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNAVELY, PETER L 6101 MIDNIGHT PASS ROAD SARASOTA, FL		7. Name and Address of New Registered Agent Name: Argus Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 2477 Stickney Lane Rd Ste 118A City: Sarasota FL Zip Code: 34231	
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:  DATE: 2/26/08 Signature, typed or printed name of registered agent and their applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SNAVELY, PETER L 7139 PINE STREET STE 110 CHAGRIN FALLS, OH 44022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNAVELY, POLLY A 7139 PINE STREET STE 110 CHAGRIN FALLS, OH 44022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Michael Walsh 1640 Summerhouse Ln # 502 Sarasota, FL 34242 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLS, H. BRYAN 7139 PINE STREET STE 110 CHAGRIN FALLS, OH 44022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 2-25-08 941-927-6464 Daytime Phone	