

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003673

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** SUMMER COVE ON SIESTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6101 MIDNIGHT PASS ROAD  
SARASOTA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

6101 MIDNIGHT PASS ROAD  
SARASOTA, FL

**New Mailing Address:**

6101 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

FEI Number: 20-8034491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARGUS PROPERTY MANAGEMENT, INC  
2477 STICKNEY PAINT RD STE 118A  
SARASOTA, FL 34231 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: PD ( ) Delete  
Name: SNAVELY, PETER L  
Address: 7139 PINE STREET STE 110  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: VP ( ) Delete  
Name: WALSH, MICHAEL  
Address: 1640 SUMMERHOUSE LN #502  
City-St-Zip: SARASOTA, FL 34242

Title: STD ( ) Delete  
Name: NICHOLS, H. BRYAN  
Address: 7139 PINE STREET STE 110  
City-St-Zip: CHAGRIN FALLS, OH 44022

**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:

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: MICHAEL WALSH

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date