

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 037 ****61.25

DOCUMENT # N22890

1. Entity Name
SIESTA KEY CHAMBER OF COMMERCE, INC.



Principal Place of Business
**5118 OCEAN BLVD.
SUITE #14
SIESTA KEY, FL 34242 US**

Mailing Address
**5118 OCEAN BLVD.
SUITE #14
SIESTA KEY, FL 34242 US**

00044014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2798966

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRACY, CATHERINE L CPA
5900 S. TAMiami TRAIL
SUITE I
SARASOTA, FL 34231**

Name **TRACY, CATHERINE L. CPA**
Street Address (P.O. Box Number is Not Acceptable)
2058 Constitution Blvd.
SARASOTA
City **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 Catherine L. Tracy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **VO** ☒ Delete
NAME **KZISCHER, PAM LIEURANCE**
STREET ADDRESS **5295 BOX TURTLE CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **P** ☐ Change ☐ Addition
NAME **LIEURANCE-KIRSCHER, PAM**
STREET ADDRESS **5295 BOX TURTLE CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **T** ☒ Delete
NAME **GUENTER, BRYAN**
STREET ADDRESS **4752 OLD STONE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VP** ☐ Change ☐ Addition
NAME **DEAR, RICHARD**
STREET ADDRESS **5150 OCEAN BLVD**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **S** ☒ Delete
NAME **STOCKSTILL, MARY ANN**
STREET ADDRESS **2100 CONSTITUTION BLVD**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **S** ☐ Change ☐ Addition
NAME **SHURTLEFF, WENDY**
STREET ADDRESS **4221 LANCASTER DR**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **T** ☐ Delete
NAME **ORTIZ, ROBERT**
STREET ADDRESS **4106 COEHISE TERR.**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: P. D. W. J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 349-3800