


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90136 005 \*\*\*\*61.25

<b>DOCUMENT # N22890</b>		
1. Entity Name <b>SIESTA KEY CHAMBER OF COMMERCE, INC.</b>		

Principal Place of Business <b>5118 OCEAN BLVD. SUITE #14 SIESTA KEY, FL 34242 US</b>	Mailing Address <b>5118 OCEAN BLVD. SUITE #14 SIESTA KEY, FL 34242 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02112006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2798966</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>TRACY, CATHERINE L CPA 2058 CONSTITUTION BLVD. SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEURANCE-KIRSCHER, PAM 5295 BOX TURTLE CIRCLE SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAR, RICHARD 5150 OCEAN BLVD SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENTINE, CHARLIE 5164 KESTRAL PARK TERR. SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHURTLEFF, WENDY 4221-LANCASTER DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, ROBERT 4106 COEHISE TERR. SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGEE, DAVE 1011 SEASIDE DR. SARASOTA, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marc Magee - MARC MANSFIELD 3/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
20017546

#N22890

CATHERINE LYELL TRACY, CPA, P.A.  
2058 CONSTITUTION BLVD.  
SARASOTA, FL. 34231  
941/921-1949

February 11, 2006

Re: 2006 Annual Report

Dear Client:

Enclosed please find your corporation's 2006 Annual Report for the State of Florida.

**Please verify the data, sign at the bottom and attach a corporate check made payable to "Department of State" in the amount of \$ 61.25.**

**This is to be mailed on or before May 1, 2006. Mail to:**

Division Of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

If you have any questions, please feel free to call our office.

Thank you for your immediate attention.

Sincerely,

Catherine L. Tracy, CPA