2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # N29471 1. Entity Name 03-15-2005 90035 004 ****61.25 SIESTA WOODS ASSOCIATION, INC. Principal Place of Business Mailing Address 5175 SIESTA WOODS DR SARASOTA FL 34242 5175 SIESTA WOODS DR 50026598 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 65-0285974 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRATT, RUTH Street Address (P.O. Box Number is Not Acceptable) 5175 SIESTA WOODS DRIVE SARASOTA FL 34242 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May 8e Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 88 - 1 - 116 <u>86 **36** 8</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Detete TITLE ☐ Change Addition TITLE BASKIND, CARMAN NAME NAME 5133 SIESTA WOODS DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-7IP CITY-ST-7IP TD Change ☐ Addition ☐ Delete TITLE TITLE KENWORTHY, RUTH NAME NAME 5175 SIESTA WOODS DR STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-7IP SD Addition TITLE Delete Change MARTINEAU, SARAHM 5147 SIESTA WOODS DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Change ☐ Delete THEF ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURE:

FILED

Daytime Phone #