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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005263 (9)

1. Corporation Name

BAY ISLAND - SIESTA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 25306
SARASOTA FL 34277-2306

P O BOX 25306
SARASOTA FL 34277-2306

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0491073

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDANIEL, ROBERT S JR
1444 FIRST ST
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SIKORSKI, DON
STREET ADDRESS 3707 WHITE LANE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE PD
NAME CREIGHTON, GARY
STREET ADDRESS 717 FREELING
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE SD
NAME PAGE, LINDA
STREET ADDRESS 428 SIESTA DR
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE D
NAME DUBBS, DEL
STREET ADDRESS 344 SIESTA DR.
CITY-ST-ZIP SARASOTA FL 34242

☒ DELETE

TITLE D
NAME THORPE, PAUL
STREET ADDRESS 157 GARDEN LANE
CITY-ST-ZIP SARASOTA FL 34242

☒ DELETE

TITLE DT
NAME STOLBERG, PAT
STREET ADDRESS 3455 ANGLIN
CITY-ST-ZIP SARASOTA FL 34242

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Alice Biegel
545 Freeling Drive
Sarasota FL 34242

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
Dwight Davis
507 Freeling Drive
Sarasota FL 34242

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia M. Stalberg, 901 345-1823

CP2E037 (10/97)