

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90041 028 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000005263**

1. Corporation Name

**BAY ISLAND - SIESTA ASSOCIATION, INC.**

Principal Place of Business

P O BOX 25306  
SARASOTA FL 34277-2306

Mailing Address

P O BOX 25306  
SARASOTA FL 34277-2306

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		11/22/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0491073	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MCDANIEL, ROBERT S JR**  
**1444 FIRST ST**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKORSKI, DON	1.2 NAME	
STREET ADDRESS	3707 WHITE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEGEL, ALICE	2.2 NAME	
STREET ADDRESS	525 FREELING DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, LINDA	3.2 NAME	
STREET ADDRESS	428 SIESTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DWIGHT	4.2 NAME	
STREET ADDRESS	527 FREELING DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLBERG, PAT	5.2 NAME	
STREET ADDRESS	3455 ANGLIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN BARCOMB	6.2 NAME	
STREET ADDRESS	878 SIESTA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: DAVIS

3/18/99

(941) 549-0556

CR2E037 (1/98)