2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am s Secretary of State DOCUMENT # **N93000005263** 1. Entity Name BAY ISLAND - SIESTA ASSOCIATION, INC. 02-07-2002 90175 023 ****61.25 Principal Place of Business Mailing Address P O BOX 25306 P O BOX 25306 SARASOTA FL 34277-2306 SARASOTA FL 34277-2306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0491073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCDANIEL, ROBERT S JR 1444 FIRST ST SARASOTA FL 34236 Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Director Addition TITLE Delete TITLE O'HARRA, MAUREEN NAME Paul Thor STREET ADDRESS STREET ADDRESS 126 SIESTA DRIVE CITY-ST-ZIP CiTY-ST-ZIP SARASOTA FL 34242 ☐ Change Addition TITLE TITLE Delete 📈 CREIGHTON, BJ NAME NAME STREET ADDRESS 349 FREELING DRIVE STREET ADDRESS City-st-zip CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete TITLE ☐ Change Addition TITLE STOLBERG, PAT NAME NAME 3455 ANGLIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change Addition TITLE **B** Delete TITLE BARCOMB, SUSAN NAME NAME 878 SIESTA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Addition - D, rector □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS Sarasota CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE Losks NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Ellah Stalberg SIGNATURE:

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.

FILED