


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90030 017 \*\*\*\*61.25

DOCUMENT # N93000005263 1. Entity Name BAY ISLAND - SIESTA ASSOCIATION, INC.	
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Principal Place of Business P O BOX 25306 SARASOTA, FL 34277-2306	Mailing Address P O BOX 25306 SARASOTA, FL 34277-2306
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20011884



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0491073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MCDANIEL, ROBERT S JR 1444 FIRST ST SARASOTA, FL 34236
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOLBERG, PAT 3455 ANGLIN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>HALPIN, DAVID</del> Elizabeth Armer <del>3455 SEAGRAPE</del> 2503 S. Scarlet Oak SARASOTA, FL 34242 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.	
SIGNATURE: <i>Patricia Stolberg</i> Patricia Stolberg	Date: 2/12/05 Daytime Phone #