2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # N9300005263 1. Entity Name BAY ISLAND - SIESTA ASSOCIATION, INC.					0.	2-23-2006 9	90014 033	3 ****61.	25
P 0 B0X 25306 P 0		ailing Address O BOX 25306 ARASOTA, FL 34277-2306			1 (48)(10) 8(8) (6)	BB 11111 BB111 BB111 CB	IEN COEN COIZ O		## #
Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072006 (Chg-NP	CR2E03	37 (11/05)	
City & State		City & State			4. FEI Number 65-04910	73		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
-	6. Name and Address of Current Regi	stered Agent			7. Name and Ad	ldress of New I	Registered A	Agent	
				Name					
MCDANIEL, ROBERT S JR 1444 FIRST ST SARASOTA, FL 34236			Street Address		ss (P.O. Box Number is	Not Acceptable	le)		
				City		FL Zip Code			
	named entity submits this statement for the tions of registered agent.	purpose of changing its	register	ed office or regis	stered agent, or both, i	n the State of F	lorida, I am I	amiliar with,	and accept
	* *								
SIGNATURE	Signeture, typed or printed name of registered agent and title	e if applicable. (NOTE	E: Registere	d Agent signature requ	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent and title Filling Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees		DATE Make check rida Depar		
SIGNATURE	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be	Flo	Make check rida Depar	tment of S	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRECT D STOLBERG, PAT 3455 ANGLIN SARASOTA, FL 34242 D ARME, ELIZABETH 2503 S SCARLET OAK	9. Election Can Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E T ADDRESS -ST-ZIP E	\$5.00 May Be Added to Fees	Flo	Make check rida Depar	TECTORS IN	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attachyfield with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 941 349-182