


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N94000000931		
1. Entity Name CASA SIESTA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6715 MIDNIGHT PASS ROAD SARASOTA, FL	Mailing Address 3121 MOHAWK ST SARASOTA, FL 34231 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HURST, DIANA 3121 MOHAWK ST SARASOTA, FL 34231		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICCARONE, ANTHONY 1430 MAIN STREET WEST WARWICK, RI 02893	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, TIM 1707 N VINE ST CHICAGO, IL 60614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOW, INGRID HAUBERISSER STRABE 24 WIESBADEN, GERMANY, 65189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PISCITELLO, JAMES 2070 EAST 224 EUCLID, OH 44117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLS, JIM 17000 NORTH BAY RD. #11 SUNNY ISLES, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.		
SIGNATURE: <u>JAMES A. WELLS</u> 22APR06 941-312-0413 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2249402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/06/06-80108-009 61.25

**DO NOT WRITE
IN THIS SPACE**