

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 045 ***150.00

DOCUMENT # P05000073882

1. Entity Name

SIESTA BAY CUSTOM HOMES OF LEE COUNTY, INC



Principal Place of Business

8305 TOLLES DR
N. FT. MYERS FL 33917
US

Mailing Address

8305 TOLLES DR
N. FT. MYERS FL 33917
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2916374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEEKS, ROBERT
1017 SE 12 AVE UNIT F
CAPE CORAL FL 33990

8305 Tolles Dr
N FT Myers FL 33917

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert Meeks PVP 5-21-08

FILE NOW!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	MEEKS, ROBERT M	
STREET ADDRESS	1017 SE 12 AVE UNIT F 8305 Tolles Dr	
CITY-ST-ZIP	CAPE CORAL FL 33990 N FT Myers FL 33917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLISZESKI, ELAINE	
STREET ADDRESS	1017 SW 12 AVE UNIT F 8305 Tolles Dr	
CITY-ST-ZIP	CAPE CORAL FL 33990 N FT Myers FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Meeks 5-21-08 239-470-3875

Date

Daytime Phone #