

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073882

FILED
Mar 02, 2009
Secretary of State

Entity Name: SIESTA BAY CUSTOM HOMES OF LEE COUNTY, INC

Current Principal Place of Business:

8305 TOLLES DR
N. FT. MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

8305 TOLLES DR
N. FT. MYERS, FL 33917 US

New Mailing Address:

FEI Number: 20-2916374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKS, ROBERT
8305 TOLLES DR
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: MEEKS, ROBERT M
Address: 8305 TOLLES DR
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: ST (X) Delete
Name: GOLISZESKI, ELAINE
Address: 8305 TOLLES DR
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ACCT () Change (X) Addition
Name: MILLER-FOOTE, MARLENE T
Address: P.O. BOX 368015
City-St-Zip: BONITA SPRINGS, FL 34136

Title: ACCT () Change (X) Addition
Name: MILLER-FOOTE, MARLENE T
Address: P.O. BOX 368015
City-St-Zip: BONITA SPRINGS, FL 34136

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Title: ACCT () Change (X) Addition
Name: MILLER-FOOTE, MARLENE T
Address: P.O. BOX 368015
City-St-Zip: BONITA SPRINGS, FL 34136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE MILLER-FOOTE

ACCT

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date