

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 029 ***150.00

DOCUMENT # P93000023271	
1. Entity Name EXCELSIOR REAL ESTATE CORPORATION OF SIESTA KEY	

Principal Place of Business 6263 MIDNIGHT PASS RD. SARASOTA FL 34242-2398	Mailing Address 6263 MIDNIGHT PASS RD. SARASOTA FL 34242-2398
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent GODIN, JOHN 6263 MIDNIGHT PASS RD. SARASOTA FL 34242		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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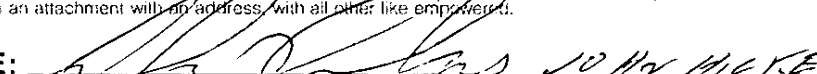
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not filing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V GODIN, JOHN 6285 MIDNIGHT PASS ROAD SARASOTA FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P IRM GARD ENGELSON 6265 MIDNIGHT PASS RD SARASOTA FL 34242 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PT WAGNER, JOSEPH 6287 MIDNIGHT PASS RD SARASOTA FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T NELLY VAZQUEZ 6267 MIDNIGHT PASS SARASOTA FL 34242 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BRAND, KENNETH 6263 MIDNIGHT PASS RD SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V JOHN HICKEY 6264 MIDNIGHT PASS SARASOTA FL 34242 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S KERR, WALTER 6263 MIDNIGHT PASS SARASOTA FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D KENNETH BRAND 6263 MIDNIGHT PASS SARASOTA FL 34242 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowerment.

SIGNATURE:  **JOHN HICKEY** 1/28/08 3498833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR