

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000004160 (4)

1. Corporation Name

SIESTA RANCH, INC.



Principal Place of Business

11390 TWELVE OAKS WAY  
# 520  
N. PALM BEACH FL 33408

Mailing Address

11390 TWELVE OAKS WAY  
# 520  
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 13285 Dry Creek Rd

2a. Mailing Address

26 11390 TWELVE OAKS WAY

4. FEI Number

95-0558507

Applied For

Not Applicable

22 Suite, Apt., #, etc.

27 Suite, Apt., #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

Belgrade, MT

28 City & State

N Palm Beach, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

59714

25 Country

Coltation

29 Zip

33408

30 Country

Palm Beach

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, JONATHAN E  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

81 Name

KAREN M. POWELL

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

11390 TWELVE OAKS WAY #520

83

84 City

N. PALM BEACH

FL

85 Zip Code

33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

KAREN M. POWELL

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D WOODS, RONALD J  
STREET ADDRESS 11390 TWELVE OAKS WAY, # 520  
CITY-ST-ZIP N. PALM BEACH FL 33408

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

S/T  
POWELL, KAREN M.  
11390 12 OAKS #520  
N. PALM BEACH, FL 33408

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001820286  
-05/14/96--01063--003  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)