

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT - 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000032725 (0)

1. Corporation Name

SIESTA GULF VIEW VACATION RENTALS, INC.



Principal Place of Business

Mailing Address

420 BEACH ROAD
SARASOTA FL 34242

420 BEACH ROAD
SARASOTA FL 34242-1880

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/24/1995

03/29/1996

4. FEI Number

Applied For

65-0574218

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 the registered agent for the corporation.

SIGNATURE

Sandra Keith, Managing Agent & Assist. Secretary

4/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	PROCASSINI, CARMINE	
STREET ADDRESS	175 HARTSHORE ROAD	
CITY - ST - ZIP	LOCUST NJ 07760	
TITLE	D	DELETE
NAME	CROSSETT, GEORGE	
STREET ADDRESS	819 WOODLAND AVENUE	
CITY - ST - ZIP	OAKMONT PA 15139	
TITLE	D	DELETE
NAME	KEITH, SANDRA	
STREET ADDRESS	320 BAY VISTA AVENUE	
CITY - ST - ZIP	OSPREY FL 34229	
TITLE	D	DELETE
NAME	MASTER, DANIEL	
STREET ADDRESS	135 CIRCLE ROAD	
CITY - ST - ZIP	STATON ISLAND NY 10304	
TITLE	D	DELETE
NAME	JOCHEM, GUS	
STREET ADDRESS	4525 LONGPORT ROAD	
CITY - ST - ZIP	COLUMBUS OH 43220	
TITLE	D	DELETE
NAME	KOCH, WILLIAM	
STREET ADDRESS	15 BRITTANY PLACE	
CITY - ST - ZIP	BASKING RIDGE NJ 07920	

1.1 TITLE	PO	Change	Addition
1.2 NAME	Procassini, Carmine		
1.3 STREET ADDRESS	226 St. Andrews CT		
1.4 CITY - ST - ZIP	North Del, NJ		
2.1 TITLE	DAS	Change	Addition
2.2 NAME	Keith, Sandra		
2.3 STREET ADDRESS	16 Church Street		
2.4 CITY - ST - ZIP	Osprey, Fl.		
3.1 TITLE	D	Change	Addition
3.2 NAME	Mayfield, Muriel		
3.3 STREET ADDRESS	East Madison Ave.		
3.4 CITY - ST - ZIP	Athens, TN		
4.1 TITLE	D	Change	Addition
4.2 NAME	Remanski, Harry		
4.3 STREET ADDRESS	2004 Valley Lane		
4.4 CITY - ST - ZIP	Glenview, IL		
5.1 TITLE	D	Change	Addition
5.2 NAME	Carnes, Thomas		
5.3 STREET ADDRESS	31 Crest Rd.		
5.4 CITY - ST - ZIP	Framingham, MA		
6.1 TITLE	D	Change	Addition
6.2 NAME	Loughlin, John		
6.3 STREET ADDRESS	715 Edgemont Lane		
6.4 CITY - ST - ZIP	Park Ridge, IL		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

0430002

CR2E034 (9/96)

#13

✓ addition

△
Hardie Joy
420 Beach Rd.
Sarasota, FL.