

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047118

FILED
Mar 26, 2009
Secretary of State

Entity Name: SIESTA POINTE APARTMENTS, INC.

Current Principal Place of Business:

490 OPA LOCKA BLVD
SUITE 20
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

490 OPA LOCKA BLVD
SUITE 20
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0846791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASHINGTON, LYNN C ESQ.
701 BRICKELL AVE 3000
MIAMI, FL 33131 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: PD () Delete
Name: WILLIAMS-BALDWIN, STEPHANIE
Address: 490 OPA LOCKA BLVD #20
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: BARNETT, WILLIE
Address: 6600 NW 27 AVE #109
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MILLER, JERRY
Address: 8221 NW 198 ST
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: LOGAN, WILLIE
Address: 490 OPALOCKA BLVD., #20
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: SABIR, NASHID
Address: 18350 NW 2 AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: WILSON, PAULETTE
Address: 15830 NW 17 CT
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: STEPHANIE WILLIAMS-BALDWIN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date