

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:23

DOCUMENT # 742290 (0)
1. Corporation Name
SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6480 MIDNIGHT PASS RD.
SARASOTA FL 34242** **6480 MIDNIGHT PASS RD.
SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified 04/05/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1969966	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**BURGESS, HARRELL M
2033 MAIN STREET STE 300
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	THOMAS C WILLIAMS
NAME	BORIS GARD ROSS	467 Lakeshore Drive
STREET ADDRESS	2910 SWAN SPRINGS	Grosse Pointe Farms
CITY - ST - ZIP	TARZANSTON MI	MI. 48236
TITLE	VPD	SOAVE, ANTHONY
NAME		3400 E. LAFAYETTE
STREET ADDRESS		DETROIT MI
CITY - ST - ZIP		
TITLE	D	COPPOLA JAMES
NAME		380 OCEAN AVE.
STREET ADDRESS		MARBLEHEAD MA
CITY - ST - ZIP		
TITLE	PD	O'NEILL, JAMES
NAME		2878 WINDWOOD COURT
STREET ADDRESS		MILFORD MI
CITY - ST - ZIP		
TITLE	SD	FALKNER, JOSEPHINE
NAME		62 CHESTNUT HILL
STREET ADDRESS		GROTON CT
CITY - ST - ZIP		
TITLE	D	MECHIGIAN, ROBERT
NAME		3760 SLEETH RD
STREET ADDRESS		MILFORD MI
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DT
1.3 STREET ADDRESS	ROBERT FISHER
1.4 CITY - ST - ZIP	6480 Midnight Pass Road #209 Sarasota FL 34242
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X James K Ansell* X *9/30/95* *X (810) 685-3337*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)