

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742290 (0)

1. Corporation Name

SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6480 MIDNIGHT PASS RD.
SARASOTA FL 34242

6480 MIDNIGHT PASS RD.
SARASOTA FL 34242

3. Date Incorporated or Qualified
04/05/1978

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1969966

Applied For

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT
WILLIAMS, THOMAS C
467 LAKESHORE DRIVE
GROSSE POINTE FARMS MI

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD
SOAVE, ANTHONY
3400 E. LAFAYETTE
DETROIT MI

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
COPPOLA JAMES
360 OCEAN AVE.
MARBLEHEAD MA

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
O'NEILL, JAMES
2878 WINDWOOD COURT
MILFORD MI

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
FALKNER, JOSEPHINE
62 CHESTNUT HILL
GROTON CT

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MECHIGIAN, ROBERT
3760 SLEETH RD
MILFORD MI

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT - PD
ROBERT FISHER
6480 MIDNIGHT PASS RD. #209
SARASOTA, FL. 34242

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VPD
WAYNE HOLT
P.O. Box 88
ELM GROVE, WISCONSIN 53122

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

STATE SECRETARY - TREASURER
STANLEY HELWIG
1250 MIDWEST LN.
WILMINGTON, IL. 60187

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D
BOB SEMBYN
2248 KONT BLDG. NE
GRAND RAPIDS, MI 49503

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

D
BOB SEMBYN
2248 KONT BLDG. NE
GRAND RAPIDS, MI 49503

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or an attachment with an address.

SIGNATURE: *Robert Fisher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 (941)349-6505
Date Daytime Phone #

CR2E037 (12/95)