

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$286.25).

FILED

Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742290 (0)

1. Corporation Name
SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6480 MIDNIGHT PASS RD. SARASOTA FL 34242	Mailing Address 6480 MIDNIGHT PASS RD. SARASOTA FL 34242
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/05/1978	3a. Date of Last Report 03/04/1996
4. FEI Number 59-1969966	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **J. LLOYD KEITH**

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

83

84 City **OSPREY** FL 85 Zip Code **34229**

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, in 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]* (AGENT) **8-31-97** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ROBERT	
STREET ADDRESS	6480 MIDNIGHT PASS ROAD, #209	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLT, WAYNE	
STREET ADDRESS	P.O. BOX 88	N/A
CITY-ST-ZIP	ELM GROVE WI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COPPOLA JAMES	
STREET ADDRESS	360 OCEAN AVE.	
CITY-ST-ZIP	MARBLEHEAD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELWIG, STANLEY	
STREET ADDRESS	1250 MIDWEST LANE	
CITY-ST-ZIP	WHEATON IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALKNER, JOSEPHINE	
STREET ADDRESS	62 CHESTNUT HILL	
CITY-ST-ZIP	GROTON CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMEYN, BOB	
STREET ADDRESS	2248 KENT BLVD NE	
CITY-ST-ZIP	GRAND RAPIDS MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ASST SECT. J. LLOYD KEITH
3.3 STREET ADDRESS	16 CHURCH ST.
3.4 CITY-ST-ZIP	OSPREY, FL. 34229
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	900002290879
6.3 STREET ADDRESS	-09/11/97--01103--009
6.4 CITY-ST-ZIP	***61.25

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

SIGNATURE *[Signature]* **8-17-97** **94191169114**

CR2E037 (4/97)