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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742290

1. Corporation Name

SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

LIGHTHOUSE MGMT AND REALTY
16 CHURCH ST
OSPREY FL 34228
US

Mailing Address

LIGHTHOUSE MGMT AND REALTY
16 CHURCH ST
OSPREY FL 34229
US



2. Principal Place of Business

21 6480 Midnight Pass Rd.
Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

24 34242 25 Sarasota

2a. Mailing Address

26 6480 Midnight Pass Rd.
Suite, Apt. #, etc.

27 City & State

28 Sarasota FL 3

29 34242 30 Sarasota

3. Date incorporated or Qualified

04/05/1978

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

9. Name and Address of Current Registered Agent

HOLT, WAYNE
SISETA BRANCHES CONDO ASSOC
OSPREY FL 34229 Sarasota FL 34242

10. Name and Address of New Registered Agent

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 A-S
NAME KEITH, LLOYD J
STREET ADDRESS 16 CHURCH STREET
CITY-ST-ZIP OSPREY FL 34229
 DELETE

TITLE P
NAME HOLT, WAYNE
STREET ADDRESS P.O. BOX 88 N A
CITY-ST-ZIP ELM GROVE WI
 DELETE

TITLE STD
NAME COPPOLA JAMES
STREET ADDRESS 360 OCEAN AVE.
CITY-ST-ZIP MARBLEHEAD MA
 DELETE

TITLE D
NAME PETRILLO, JUDY
STREET ADDRESS 6480 MIDNIGHT PASS RD
CITY-ST-ZIP SARASOTA FL
 DELETE

TITLE D
NAME WHITAKER, STAN
STREET ADDRESS P.O. BOX 2112
CITY-ST-ZIP KALAMAZOO MI 49003
 DELETE

TITLE D
NAME SEMEYN, BOB
STREET ADDRESS 2248 KENT BLVD NE
CITY-ST-ZIP GRAND RAPIDS MI
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE A.S.
1.2 NAME DARLENE CROSS
1.3 STREET ADDRESS 6480 MIDNIGHT PASS RD.
1.4 CITY-ST-ZIP Sarasota FL 34242
 Change Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature: *S. G. ...* Assst. Secretary, 4/20/99 941-349-6505
Date: 4/20/99 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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