

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90107 047 ****61.25

DOCUMENT # 742290

1. Entity Name

SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6480 MIDNIGHT PASS RD
 SARASOTA FL 34242
 US

6480 MIDNIGHT PASS RD
 SARASOTA FL 34242
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1969966

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, DARLENE
6480 MIDNIGHT PASS
SARASOTA FL 34242

Name

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

City

FL

Zip Code

8. 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

Darlene Cross

4/12/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
A-S
CROSS, DARLENE
 STREET ADDRESS **6480 MIDNIGHT PASS RD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE NAME Change Addition
SECT/TREAS
RUTH FINOCCHIARO
 STREET ADDRESS **6480 MIDNIGHT PASS RD**
 CITY-ST-ZIP **SARASOTA, FL 34242**

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene Cross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

941 349-6505

Date

Daytime Phone #

CR2E037 (10/00)