


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90144 008 ****61.25

DOCUMENT # 742290					
1. Entity Name SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6480 MIDNIGHT PASS RD SARASOTA, FL 34242 US		Mailing Address 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		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELLS, KEVIN T ESQ. LAW OFFICES OF LOBECK, HANSON & WELLS, P.A 2033 MAIN ST., STE. 403 SARASOTA, FL 34237				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAPLACE, WILLIAM		NAME		
STREET ADDRESS	6480 MIDNIGHT PASS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREIL, GEORGE		NAME		
STREET ADDRESS	6480 MIDNIGHT PASS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HRABCAK, JOHN		NAME		
STREET ADDRESS	6480 MIDNIGHT PASS RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEHNERT, GWEN		NAME	SECRETARY	
STREET ADDRESS	6480 MIDNIGHT PASS RD		STREET ADDRESS	Jim kneeland	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	6480 midnight Pass Rd. # 413	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITAKER, STAN		NAME	DIRECTOR	
STREET ADDRESS	P.O. BOX 2112		STREET ADDRESS	FRANK PRITCHARD	
CITY-ST-ZIP	KALAMAZOO, MI 49003		CITY-ST-ZIP	6480 midnight Pass Rd	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, NORM		NAME		
STREET ADDRESS	1791 W. 1000 ST.		STREET ADDRESS		
CITY-ST-ZIP	WARREN, IN 46792		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: <u>William B. Laplace</u> <u>2.19.05</u> <u>941-349-6505</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					