

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 006 ****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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-1969966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 reinstating)

FILE NOW FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T LAPLACE, WILLIAM 6480 MIDNIGHT PASS SARASOTA FL 34242	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BREIL, GEORGE 6480 MIDNIGHT PASS SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete	Denis Sealey (D) 6480 midnight Pass unit 214 Sarasota FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D HRABCAK, JOHN 6480 MIDNIGHT PASS RD SARASOTA FL 34242	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP KNEELAND, JIM 6480 MIDNIGHT PASS RD SARASOTA FL 34242	<input type="checkbox"/> Delete	President Kneeland Jim 6480 midnight Pass Rd unit 413 Sarasota FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D PRITCHARD, FRANK 6480 MIDNIGHT PASS RD SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete	Bill Drees 6480 midnight Pass Rd unit 602 Sarasota FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S WOLF, NORM 1791 W. 1000 ST. WARREN IN 46792	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Kathy Moscone 1/30/08 9413496585