

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90450 032 \*\*\*211.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CROSS, DARLENE  
 6480 MIDNIGHT PASS  
 SARASOTA FL 34242**

4. FEI Number **59-1969966**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	A-S	<input type="checkbox"/> Delete
NAME	CROSS, DARLENE D	
STREET ADDRESS	6480 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLT, WAYNE	
STREET ADDRESS	P.O. BOX 88 N A	
CITY-ST-ZIP	ELM GROVE WI	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	COPPOLA JAMES	
STREET ADDRESS	380 OCEAN AVE	
CITY-ST-ZIP	MARBLEHEAD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHNERT, GWEN D	
STREET ADDRESS	6480 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, STAN D	
STREET ADDRESS	P.O. BOX 2112	
CITY-ST-ZIP	KALAMAZOO MI 49003	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, NORM D	
STREET ADDRESS	1791 W. 1000 ST.	
CITY-ST-ZIP	WARREN IN 46782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Brock T D	
STREET ADDRESS	6480 Midnight Pass	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hrabecak P.	
STREET ADDRESS	6480 Midnight Pass Rd.	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec.	
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)(l), 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 other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Clon* **2/28/03** **941 349-6505**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2007 (10/02)

Attachment 88017012  
742290

SIESTA BREAKERS CONDOMINIUM ASSOC., INC.  
OPERATING ACCOUNT  
6480 MIDNIGHT PASS RD.  
SARASOTA, FLORIDA 34242

BANK OF AMERICA

30032867 4735

63-27/631

2/5/2003

PAY

TO THE ORDER OF Florida Department of State

\$ \*\*211.25

Two Hundred Eleven and 25/100\*\*\*\*\*

DOLLARS

Security features. Details on back.



Florida Department of State

VOID AFTER 90 DAYS

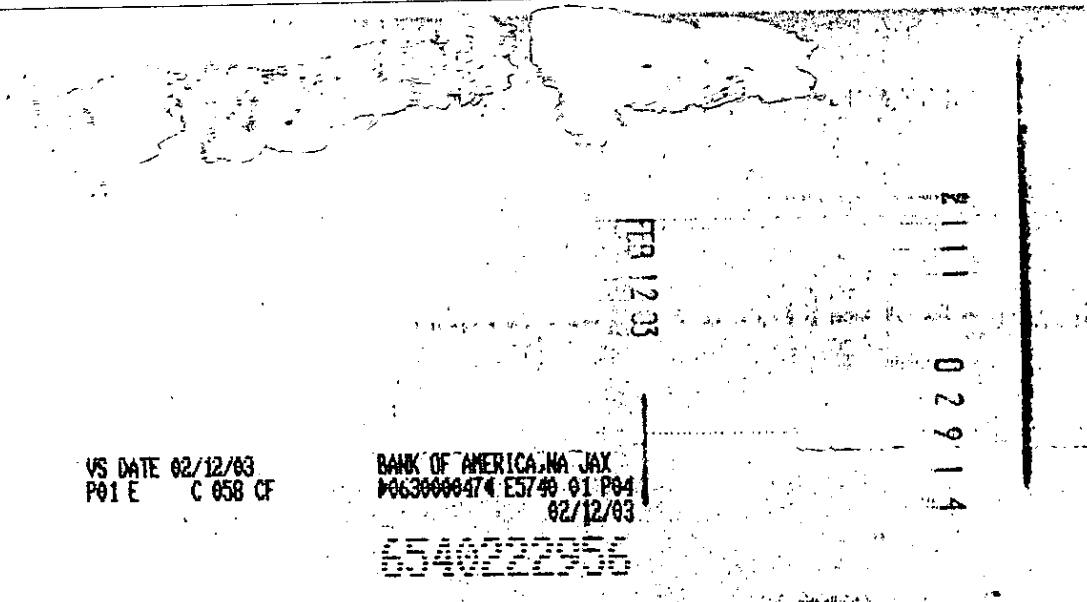
MEMO

*Wolke Con*  
AUTHORIZED SIGNATURE

⑈004735⑈ ⑆063100277⑆ 001622205672⑈ ⑆0000021125⑆

Security features on this document include: Particle

FEDERAL RESERVE BANK REGULATION CC



VS DATE 02/12/03  
P01 E C 058 CF

BANK OF AMERICA NA JAX  
⑈063000047⑆ E5740 01 P04  
02/12/03

30032867

FEB 12 03

2111 02914

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

FEB 10 2003

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1000096790

ENDORSE HERE