

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -2 PM 4: 04

DOCUMENT # N06285 (3)

1. Corporation Name

SIESTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**JOHN A. STEVENS
2555 CROOKS RD. #200
TROY MI 48064**

**JOHN A. STEVENS
2555 CROOKS RD. #200
TROY MI 48084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1984

3a. Date of Last Report

02/23/1994

4. FEI Number

58-1610947

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
C/O PAUL L. WEAN, ESQ.
901 NORTH LAKE DESTINY DR., STE. 145
MAITLAND FL 32751**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	STEVENS, JOHN A.
STREET ADDRESS	2555 CROOKS RD. #200
CITY - ST - ZIP	TROY MI
TITLE	PD
NAME	COOKE, CLARE
STREET ADDRESS	2114 WOODROW WILSON
CITY - ST - ZIP	ORCHARD LAKE MI
TITLE	TD
NAME	JOHNSON, JAMES C.
STREET ADDRESS	2300 RED RUN COURT #B
CITY - ST - ZIP	ROYAL OAK MI
TITLE	VD
NAME	SPIKER, DAVID
STREET ADDRESS	430 JOHNSON AVE #505
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	MOORE, JAMES D
STREET ADDRESS	430 JOHNSON AVE #504
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

James C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95

Date

810-398-4040

Telephone Number