FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # **N06285** (3)

1. Corporation Name

SIESTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JOHN A. STEVENS 2555 CROOKS RD. #200 TROY MI 48084	JOHN A. STEVENS 2555 CROOKS RD. #200 TROY MI 48084

3. Date Incorporated or Qualified: 11/21/1984

4. FEI Number: 58-1610947 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 430 Johnson Ave
Suite, Apt. #, etc. 22
City & State 23 Cape Canaveral, FL
Zip 24 32920 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, JOHN A.		1.2 NAME		
STREET ADDRESS	2555 CROOKS RD. #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOKE, CLARE		2.2 NAME		
STREET ADDRESS	2114 WOODROW WILSON		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORCHARD LAKE MI		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES C.		3.2 NAME		
STREET ADDRESS	2300 RED RUN COURT #B		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL OAK MI		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPIKER, DAVID		4.2 NAME		
STREET ADDRESS	430 JOHNSON AVE #505		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, JAMES D		5.2 NAME		
STREET ADDRESS	430 JOHNSON AVE #504		5.3 STREET ADDRESS	1001 Stratford Place	
CITY-ST-ZIP	CAPE CANAVERAL FL		5.4 CITY-ST-ZIP	Melbourne FL 32940	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: John A. Stevens JOHN A. STEVENS SECTY 1/9/98 (248)643 7800