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

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90039 023 ****61.25

DOCUMENT # N06285

1. Entity Name

SIESTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 JOHNSON AVE CAPE CANAVERAL FL 32920 US	JAMES C JOHNSON PO BOX 427 ROYAL OAK MI 48068

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. 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

7. Name and Address of New Registered Agent

Name: LORRAINE COOKE
Street Address (P.O. Box Number is Not Acceptable): 8935 PUERTO DEL RIO DR-APT 301
City: CAPE CANAVERAL **FL** Zip Code: 32920

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOORE, JAMES D 1001 STRATFORD PLACE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COOKE, LEE 1986 BAYOU DR BLOOMFIELD HILLS MI 48302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, RICHARD 703 SOLANA SHORES DR #B303 CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAICHENDT, JOHN 21218 KELLIWOOD GREENS DR KATY TX 77450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHNSON, JAMES C. 2300 RED RUN COURT #B ROYAL OAK MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAURER, KEN 100 BEECH ST OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, JAMES D 1001 STRATFORD PLACE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOKE, LORRAINE 1725 TINERTON RD APT A-2 BLOOMFIELD HILLS MI 48304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOKE, LORRAINE 8935 PUERTO DEL RIO DR APT 301 CAPE CANAVERAL FL 32920	☒ Change ☐ 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: James C. Johnson, Sec-Treas 248-398-4040