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

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90108 026 ****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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	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

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 _____
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

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	D MCGUIRE, HARRY 4850 WATERVISTA DR ORLANDO FL 32821	XX Delete	VICE PRES EDWARD HOGLUND 430 JOHNSON AVE APT 304 CAPE CANAVERAL FL 32920	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOKE, CLARE 1725 TIVERTON APT 2-A BLOOMFIELD HILLS MI 48304	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHNSON, JAMES C. 2300 RED RUN COURT #B ROYAL OAK MI	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIESCHKE, BILL PO BOX 637 MAGGIE VALLEY NC 28751	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, JAMES D 1001 STRATFORD PLACE MELBOURNE FL 32940	XX Delete	DIRECTOR MOORE JAMES D 1001 STRATFORD PLACE MELBOURNE FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAURER, KEN 100 BEECH ST OVIEDO FL 32765	XX Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED James C. Johnson 3-15-03 (248) 398-4040
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON DATE TELEPHONE NUMBER