## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742290** 

Entity Name: SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

FILED Feb 20, 2019 Secretary of State 0245820943CC

## **Current Principal Place of Business:**

6480 MIDNIGHT PASS RD SARASOTA. FL 34242

## **Current Mailing Address:**

6480 MIDNIGHT PASS RD SARASOTA. FL 34242 US

FEI Number: 59-1969966 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOSCONE, KATHRYN 6480 MIDNIGHT PASS RD SARASOTA, FL 34242 US

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.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitlePRESIDENTTitleTREASURERNameSEELEY, DENNISNameFALKNER, JO

Address 6480 MIDNIGHT PASS Address 6480 MIDNIGHT PASS - UNIT 315

SARASOTA FL 34242

Title DIRECTOR

Title VP Name KNEELAND, JAMES

Name WOLFE, NORMAN

Address 6480 MIDNIGHT PASS RD - UNIT 413
Address 6480 MIDNIGHT PASS RD - UNIT 413

404 City-State-Zip: SARASOTA FL 34242

City-State-Zip: SARASOTA FL 34242
Title DIRECTOR

Title SECRETARY Name KURZ, GEORGE

Name RAMSDELL, JAMES Address 6480 MIDNIGHT PASS UNIT 519

Address 6480 MIDNIGHT PASS RD - UNIT 513 City-State-Zip: SARASOTA FL 34242

City-State-Zip: SARASOTA FL 34242

Title DIRECTOR

Name LEHNERT, DANIEL

Address 6480 MIDNIGHT PASS ROAD

308

City-State-Zip: SARASOTA FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS SEELEY PRESIDENT 02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date