

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742290

Entity Name: SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

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: Yes

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name SEELEY, DENNIS
Address 6480 MIDNIGHT PASS
 214
City-State-Zip: SARASOTA FL 34242

Title TREASURER
Name FALKNER, JO
Address 6480 MIDNIGHT PASS - UNIT 315
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR, DIRECTOR
Name WOLFE, NORMAN
Address 6480 MIDNIGHT PASS RD
 404
City-State-Zip: SARASOTA FL 34242

Title SECRETARY
Name RAMSDELL, JAMES
Address 6480 MIDNIGHT PASS RD - UNIT 513
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name KURZ, GEORGE
Address 6480 MIDNIGHT PASS UNIT 519
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name LEHNERT, DANIEL
Address 6480 MIDNIGHT PASS ROAD
 308
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name SULLIVAN, JOANNE
Address 6480 MIDNIGHT PASSS ROAD
 UNIT 606
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: KATHY MOSCONE

MANAGER

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date