

2013 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 P
Name DREES, WILLIAM
Address 6480 MIDNIGHT PASS
City-State-Zip: SARASOTA FL 34242

Title T
Name SEELEY, DENIS
Address 6480 MIDNIGHT PASS - UNIT 214
City-State-Zip: SARASOTA FL 34242

Title VP
Name HANCOCK, RON
Address 6480 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title S
Name JUN, RICH
Address 6480 MIDNIGHT PASS RD - UNIT 503
City-State-Zip: SARASOTA FL 34242

Title D
Name JENKINS, JANICE
Address 6480 MIDNIGHT PASS RD - UNIT 415
City-State-Zip: SARASOTA FL 34242

Title D
Name SHAW, DHIREN
Address 6480 MIDNIGHT PASS UNIT 209
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: WILLIAM DREES

PRESIDENT

01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date