

**2022 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           RAMSDELL, JAMES  
Address        6480 MIDNIGHT PASS  
                  513  
City-State-Zip: SARASOTA FL 34242

Title           TREASURER  
Name           SEELEY, DENNIS SR.  
Address        6480 MIDNIGHT PASS - UNIT 214  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR, DIRECTOR  
Name           NIELSON, THOMAS  
Address        6480 MIDNIGHT PASS RD  
                  602  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           SULLIVAN, JOANNE  
Address        6480 MIDNIGHT PASS RD - UNIT 606  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           HAWKINS, PHIL  
Address        6480 MIDNIGHT PASS UNIT 416  
City-State-Zip: SARASOTA FL 34242

Title           SECRETARY  
Name           WITTE, JAMES  
Address        6480 MIDNIGHT PASS ROAD  
                  505  
City-State-Zip: SARASOTA FL 34242

Title           VP  
Name           TECH, MERCEDES  
Address        6480 MIDNIGHT PASSS ROAD  
                  UNIT 318  
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**

**02/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date