

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742290

FILED
Jan 22, 2016
Secretary of State
CC8044119228

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 SEELEY, DENNIS
Address 6480 MIDNIGHT PASS
City-State-Zip: SARASOTA FL 34242

Title T
Name FALKNER, JO
Address 6480 MIDNIGHT PASS - UNIT 315
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 SULLIVAN, JOANNE
Address 6480 MIDNIGHT PASS RD - UNIT 606
City-State-Zip: SARASOTA FL 34242

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

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

Title DIRECTOR
Name GEOPPINGER, WILLIAM
Address 6480 MIDNIGHT PASS ROAD
507
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: NORMAN WOLFE

BOARD OF DIRECTOR

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date