

2023 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: 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, DIRECTOR
Name NICHOLSON, PAUL
Address 6480 MIDNIGHT PASS RD
 319
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name MEHWALD, MARY
Address 6480 MIDNIGHT PASS RD - UNIT 219
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

Title PRESIDENT
Name RINI, TIM
Address 6480 MIDNIGHT PASS RD
 UNIT 212
City-State-Zip: SARASOTA FL 34242-3413

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: JOANNE SULLIVAN

TREASURER

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date