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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742290** (0)

1. Corporation Name
SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6480 MIDNIGHT PASS RD. SARASOTA FL 34242	6480 MIDNIGHT PASS RD. SARASOTA FL 34242

3. Date Incorporated or Qualified: 04/05/1978

4. FEI Number: 59-1969966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Lighthouse Mgmt + Realty	26 Lighthouse Mgmt + Realty
22 Suite/Apt. #/etc. 16 Church St.	27 Suite/Apt. #/etc. 16 Church St.
23 City & State Osprey FL	28 City & State Osprey FL
24 Zip 34229 25 Country	29 Zip 34229 30 Country

9. Name and Address of Current Registered Agent

LLOYD, KEITH J
16 CHURCH STREET
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name: Wayne Holt, Pres.
82 Street Address (P.O. Box Number is Not Acceptable): Siesta Breakers Condo Assoc Inc.
83 16 Church St
84 City: Osprey FL 85 Zip Code: 34229

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Wayne Holt, Pres. (X)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	A-S	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KEITH, LLOYD J		1.2 NAME	Helwig	
STREET ADDRESS	16 CHURCH STREET		1.3 STREET ADDRESS	1250 Midwest Lane	
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-ST-ZIP	Wheaton, IL	
TITLE	P	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOLT, WAYNE		2.2 NAME	Habig, Jay	
STREET ADDRESS	P.O. BOX 88 N A		2.3 STREET ADDRESS	14220 Bonnerhorn Rd.	
CITY-ST-ZIP	ELM GROVE WI		2.4 CITY-ST-ZIP	Fort Wayne, IN 46804	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COPPOLA JAMES		3.2 NAME	Whitaker, STAN	
STREET ADDRESS	360 OCEAN AVE.		3.3 STREET ADDRESS	P.O. Box 2112	
CITY-ST-ZIP	MARBLEHEAD MA		3.4 CITY-ST-ZIP	Kalamazoo, Mi 49003	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HELWIG, STANLEY		4.2 NAME	Petrillo, Judy	
STREET ADDRESS	1250 MIDWEST LANE		4.3 STREET ADDRESS	6480 Midnight Pass Rd.	
CITY-ST-ZIP	WHEATON IL		4.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FALKNER, JOSEPHINE		5.2 NAME		
STREET ADDRESS	62 CHESTNUT HILL		5.3 STREET ADDRESS		
CITY-ST-ZIP	GROTON CT		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEMEYN, BOB		6.2 NAME		
STREET ADDRESS	2248 KENT BLVD NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X) [signature] 3-18-98 941 966 6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #