

2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # 742290** 04-16-2004 90024 042 ****61.25 1. Entity Name SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6480 MIDNIGHT PASS RD 6480 MIDNIGHT PASS RD 54034059 SARASOTA, FL 34242 US SARASOTA, FL 34242 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1969966 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELLS, KEVIN T ESQ. Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF LOBECK, HANSON & WELLS, P.A. 2033 MAIN ST., STE. 403 SARASOTA, FL 34237 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TREASI TITLE A-S Delete TITLE Addition LA PIACE, WILLIAMS 6480 MIDNIGH + PASS SARASOTA, FLA 3 CROSS, DARLENE NAME NAME 6480 MIDNIGHT PASS RD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34242 CITY-ST-ZIP V. Pres. Change Delete TITLE ☐ Addition BASH BREIL, GEORGE BROCK, GEORGE NAME NAME 6480 MIDNIGHT PASS 6480 MIDNIGHT PASS STREET ADDRESS STREET ADORESS CiTY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP SARASOTA, FIA 34242 Delete -TITLE. 🗻 TITLE - _ Change . Addition HRABCAK, JOHN HRACEAK, JOHN NAME NAME 6480 MIDNIGHT PASS STREET ADDRESS STREET ADDRESS 6480 MIDNIGHT PASS RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34242 ☐ Defete TITLE LEHNERT, GWEN NAME NAME STREET ADDRESS 6480 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34242 TITLE ☐ Delete TITLE ☐ Addition NAME WHITAKER, STAN NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2112 CITY - ST - ZIP KALAMAZOO, MI 49003 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE WOLF, NORM NAME NAME 1791 W. 1000 ST. STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

WARREN, IN 46792

JOHN E. HAABCAK- TRES. NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED