

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90144 008 ****61.25

DOCUMENT # 742290			
1. Entity Name SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6480 MIDNIGHT PASS RD SARASOTA, FL 34242 US		Mailing Address 6480 MIDNIGHT PASS RD SARASOTA, FL 34242 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WELLS, KEVIN T ESQ. LAW OFFICES OF LOBECK, HANSON & WELLS, P.A 2033 MAIN ST., STE. 403 SARASOTA, FL 34237		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPLACE, WILLIAM	NAME	
STREET ADDRESS	6480 MIDNIGHT PASS	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIL, GEORGE	NAME	
STREET ADDRESS	6480 MIDNIGHT PASS	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRABCAK, JOHN	NAME	
STREET ADDRESS	6480 MIDNIGHT PASS RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHNERT, GWEN	NAME	Jim kneeland
STREET ADDRESS	6480 MIDNIGHT PASS RD	STREET ADDRESS	6480 midnight Pass Rd. # 413
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	Sarasota FL 34242
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITAKER, STAN	NAME	FRANK PRITCHARD
STREET ADDRESS	P.O. BOX 2112	STREET ADDRESS	6480 midnight Pass Rd
CITY-ST-ZIP	KALAMAZOO, MI 49003	CITY-ST-ZIP	Sarasota FL 34242
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, NORM	NAME	
STREET ADDRESS	1791 W. 1000 ST.	STREET ADDRESS	
CITY-ST-ZIP	WARREN, IN 46792	CITY-ST-ZIP	
12. 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>William B. Laplace</u>		Date: <u>2.19.05</u> Daytime Phone #: <u>941-349-6505</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	