

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 016 ****61.25

DOCUMENT # 742290

1. Entity Name

SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6480 MIDNIGHT PASS RD
SARASOTA FL 34242
US

6480 MIDNIGHT PASS RD
SARASOTA FL 34242
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1969966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

T
NAME
LAPLACE, WILLIAM
STREET ADDRESS
6480 MIDNIGHT PASS
CITY-ST-ZIP
SARASOTA FL 34242 ☐ Delete

☐ Change ☐ Addition

P
NAME
BREIL, GEORGE
STREET ADDRESS
6480 MIDNIGHT PASS
CITY-ST-ZIP
SARASOTA FL 34242 ☐ Delete

☐ Change ☐ Addition

D
NAME
HRABCAK, JOHN
STREET ADDRESS
6480 MIDNIGHT PASS RD
CITY-ST-ZIP
SARASOTA FL 34242 ☐ Delete

☐ Change ☐ Addition

VP
NAME
KNEELAND, JIM
STREET ADDRESS
6480 MIDNIGHT PASS RD
CITY-ST-ZIP
SARASOTA FL 34242 ☐ Delete

☐ Change ☐ Addition

D
NAME
PRITCHARD, FRANK
STREET ADDRESS
6480 MIDNIGHT PASS RD
CITY-ST-ZIP
SARASOTA FL 34242 ☐ Delete

☐ Change ☐ Addition

S
NAME
WOLF, NORM
STREET ADDRESS
1791 W. 1000 ST.
CITY-ST-ZIP
WARREN IN 46792 ☐ Delete

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07 941-349-6505