

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742290

FILED
Jan 20, 2009
Secretary of State

Entity Name: SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6480 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

6480 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-1969966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ.
LAW OFFICES OF LOBECK, HANSON & WELLS, P.A
2033 MAIN ST., STE. 403
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LAPLACE, WILLIAM
Address: 6480 MIDNIGHT PASS
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: SEELEY, DENIS
Address: 6480 MIDNIGHT PASS UNIT 214
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: HRABCAK, JOHN
Address: 6480 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: KNEELAND, JIM
Address: 6480 MIDNIGHT PASS RD UNIT 413
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: DREES, BILL
Address: 6480 MIDNIGHT PASS RD UNIT 602
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: WOLF, NORM
Address: 1791 W. 1000 ST.
City-St-Zip: WARREN, IN 46792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEELEY, DENIS
Address: 6480 MIDNIGHT PASS UNIT 214
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WHITAKER, STAN
Address: 6480 MIDNIGHT PASS RD UNIT 502
City-St-Zip: SARASOTA, FL 34242

Title: VP (X) Change () Addition
Name: DREES, BILL
Address: 6480 MIDNIGHT PASS RD UNIT 602
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STAN WHITAKER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date