

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742290

FILED  
Feb 13, 2010  
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:**

MOSCONE, KATHRYN  
6480 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US

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: KATHRYN MOSCONE

02/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: SEELEY, DENIS  
Address: 6480 MIDNIGHT PASS - UNIT 214  
City-St-Zip: SARASOTA, FL 34242 US

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

Title: P  
Name: WHITAKER, STAN  
Address: 6480 MIDNIGHT PASS RD - UNIT 502  
City-St-Zip: SARASOTA, FL 34242 US

Title: VP  
Name: DREES, BILL  
Address: 6480 MIDNIGHT PASS RD - UNIT 602  
City-St-Zip: SARASOTA, FL 34242 US

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

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN MOSCONE

R

02/13/2010

Electronic Signature of Signing Officer or Director

Date