## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT (AR)

## Apr 03, 2006 8:00 am Secretary of State DOV: JMENT # N06285 Entity hime 04-03-2006 90398 034 \*\*\*\*61.25 SIESTA\*DEL MAR CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business JAMES C JOHNSON 430 JOHNSON AVE PO BOX 427 ROYAL OAK MI 48068 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 58-1610947 Not Applicable Zip Zip Country \$8.75 Additional -Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O PAUL L. WEAN, ESQ. 901 NORTH LAKE DESTINY DR., STE. 145 MAITLAND FL 32751 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete D Change X Addition MOORE, JAMES D NAMI NAME LANE, RICHARD W 703 SOLANA SHORES DR #B303 1001 STRATEORD PLACE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-7IP Delete TITLE Change TITLE Addition COOKE, CLARE NAME NAME 1725 TIVERTON APT 2-A STREET ADDRESS STREET ADDRESS CITY-SI-7IP BLOOMFIELD HILLS MI 48304 CHY ST-ZIP ☐ Delete TITLE ☐ Change Addition MARAE JOHNSON, JAMES C. NAME STREET ADORESS 2300 RED RUN COURT #B STREET ADDRESS CITY - ST- ZIP ROYAL OAK MI CITY ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition MAURER, KEN NAME NAME STREET ADORESS 100 BEECH ST STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MOORE, JAMES D NAME NAME 1001 STRATFORD PLACE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF Change Addition COOKE, CLARE NAME 1725 TIVERTOM APT 2-A STREET ADDRESS STREET ADDRESS BLOOMFIELD HILLS MI 48304 CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 Irustee 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.

FILED

James C. Johnson, Sec-Treas.3/23/06 (248) 398-4040 SIGNATURE: