

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06285

FILED
Apr 17, 2009
Secretary of State

Entity Name: SIESTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

430 JOHNSON AVE
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

JAMES C JOHNSON
PO BOX 427
ROYAL OAK, MI 48068

New Mailing Address:

FEI Number: 58-1610947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKE, LORRAINE
8935 PUERTO DEL RIO DR-APT 301
CAPE CANAVERAL, FL 32920 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: V () Delete
Name: COOKE, LEE
Address: 1986 BAYOU DR.
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: D () Delete
Name: LANE, RICHARD
Address: 703 SOLANA SHORES DR #B303
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ST () Delete
Name: JOHNSON, JAMES C.
Address: 2300 RED RUN COURT #B
City-St-Zip: ROYAL OAK, MI

Title: D () Delete
Name: MAURER, KEN
Address: 100 BEECH ST
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: DAICHENDT, JOHN
Address: 21218 KELLIWOOD GREENS DR.
City-St-Zip: KATY, TX 77450

Title: P () Delete
Name: COOKE, LORRAINE
Address: 8935 PUERTO DEL RIO DR APT 301
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: EDMUNDS, DOUG
Address: 14 STAGE COACH RD
City-St-Zip: DURHAM, NH 03824

Title: ST (X) Change () Addition
Name: JOHNSON, JAMES C.
Address: 2300 RED RUN COURT #B
City-St-Zip: ROYAL OAK, MI 48073

Title: V (X) Change () Addition
Name: MAURER, KEN
Address: 100 BEECH ST
City-St-Zip: OVIEDO, FL 32765

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

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: JAMES C JOHNSON

ST

04/17/2009

Electronic Signature of Signing Officer or Director

Date