

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 046 ***150.00

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1. Entity Name
SIESTA BREAKERS REALTY, INC.



Principal Place of Business
**6480 MIDNIGHT PASS RD.
SARASOTA, FL 34242**

Mailing Address
**6480 MIDNIGHT PASS RD.
SARASOTA, FL 34242**

94060905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1083351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, KEVIN T ESQ.
THE LAW OFFICES OF LOBECK, HANSON & WELLS
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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CROSS, DARLENE**
STREET ADDRESS **6480 MIDNIGHT PASS RD.**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **President** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **John Hrabecak**
STREET ADDRESS **6480 MIDNIGHT PASS unit 303**
CITY-ST-ZIP **Sarasota FL 34242**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **George Breil**
STREET ADDRESS **6480 MIDNIGHT PASS Rd unit 505**
CITY-ST-ZIP **Sarasota FL 34242**

TITLE **Treasurer/Secretary** ☐ Change ☒ Addition
NAME **Bill LaPlace**
STREET ADDRESS **6480 MIDNIGHT PASS Rd unit 402**
CITY-ST-ZIP **Sarasota FL 34242**

TITLE **Assistant Vice President** ☐ Change ☒ Addition
NAME **Dudley Carson**
STREET ADDRESS **5200 Ocean Blvd**
CITY-ST-ZIP **Sarasota FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: **JOHN HRABCAK - Pres**
John Hrabecak - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

6143461136
Daytime Phone #