## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742290** 

Entity Name: SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 07, 2022 **Secretary of State** 9766322367CC

## **Current Principal Place of Business:**

6480 MIDNIGHT PASS RD SARASOTA, FL 34242

## **Current Mailing Address:**

6480 MIDNIGHT PASS RD SARASOTA. FL 34242 US

FEI Number: 59-1969966 Certificate of Status Desired: Yes

## Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title **PRESIDENT** Title **TREASURER** 

RAMSDELL, JAMES SEELEY, DENNIS SR. Name Name

6480 MIDNIGHT PASS 6480 MIDNIGHT PASS - UNIT 214 Address Address

> City-State-Zip: SARASOTA FL 34242

City-State-Zip: SARASOTA FL 34242

Title DIRECTOR Title DIRECTOR, DIRECTOR

Name SULLIVAN, JOANNE Name NIELSON, THOMAS

Address 6480 MIDNIGHT PASS RD - UNIT 606 6480 MIDNIGHT PASS RD Address

SARASOTA FL 34242 City-State-Zip:

Title **SECRETARY** 

Title **DIRECTOR** Name WITTE, JAMES

Name HAWKINS, PHIL Address 6480 MIDNIGHT PASS ROAD 505

Address 6480 MIDNIGHT PASS UNIT 416 City-State-Zip:

SARASOTA FL 34242 SARASOTA FL 34242 City-State-Zip:

VΡ Title

City-State-Zip:

Name TECH, MERCEDES

6480 MIDNIGHT PASSS ROAD Address

SARASOTA FL 34242

**UNIT 318** 

City-State-Zip: SARASOTA FL 34242

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.

02/07/2022 SIGNATURE: KATHY MOSCONE **MANAGER** 

Electronic Signature of Signing Officer/Director Detail

Date