

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N22265** (5)  
1. Corporation Name  
**HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2055 WOOD STREET SUITE 202 SARASOTA FL 34237</b>	Mailing Address <b>2055 WOOD STREET SUITE 202 SARASOTA FL 34237-7945</b>
--	---

3. Date Incorporated or Qualified <b>08/27/1987</b>	3a. Date of Last Report <b>04/17/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0061871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PROPERTY &amp; ACCOUNTING MANAGEMENT INC 2055 WOOD STREET SUITE 202 SARASOTA FL 34237</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>EILKS, HOWARD</b>
STREET ADDRESS <b>3364 HADFIELD GREENE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>TD</b> <input type="checkbox"/> DELETE	NAME <b>WINDWER, JAY</b>
STREET ADDRESS <b>3460 HADFIELD GREENE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>MILLER, EVELYN</b>
STREET ADDRESS <b>3419 HADFIELD GREENE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>VD</b> <input type="checkbox"/> DELETE	NAME <b>FREIDLANDER, BOB</b>
STREET ADDRESS <b>3336 HADFIELD GREENE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>BENNETT, HARRY L.</b>
STREET ADDRESS <b>3305 HADFIELD GREENE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME <b>Wilson, Donald</b>
1.3 STREET ADDRESS <b>3449 Hadfield Green</b>	
1.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b>	
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME <b>Jackson, Annadele</b>
3.3 STREET ADDRESS <b>3400 Hadfield Green</b>	
3.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b>	
4.1 TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME <b>Freidlander, Robert</b>
4.3 STREET ADDRESS <b>3336 Hadfield Greene</b>	
4.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b>	
5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME <b>Raisman, Bernard</b>
5.3 STREET ADDRESS <b>3311 Hadfield Green</b>	
5.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b>	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Freidlander REQUIRED 4-1-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063264

CR2E037 (9/96)