

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 017 ****61.25

DOCUMENT # N22265

1. Entity Name

HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4983 RINGWOOD MEADOW
SARASOTA FL 34235

Mailing Address

4983 RINGWOOD MEADOW
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0061871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAMI MANAGEMENT, INC
4983 RINGWOOD MEADOW
SARASOTA FL 34235

7. Name and Address of New Registered Agent

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: WILSON, DONALD
STREET ADDRESS: 3449 HADFIELD GREEN
CITY-ST-ZIP: SARASOTA FL 34235 ☐ Delete

TITLE: TD
NAME: WINDWER, JAY
STREET ADDRESS: 3460 HADFIELD GREENE
CITY-ST-ZIP: SARASOTA FL ☐ Delete

TITLE: DS
NAME: O'CONNOR, THOMAS F
STREET ADDRESS: 3436 HADFIELD GREENE
CITY-ST-ZIP: SARASOTA FL 34235 ☐ Delete

TITLE: PD
NAME: FRIEDLANDER, ROBERT
STREET ADDRESS: 3336 HADFIELD GREENE
CITY-ST-ZIP: SARASOTA FL ☐ Delete

TITLE: D
NAME: HIRSCHY, DALE
STREET ADDRESS: 3484 HADFIELD GREENE
CITY-ST-ZIP: SARASOTA FL 34235 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #