

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22265

Entity Name: HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**16 CHURCH STREET
OSPREY, FL 34229**Current Mailing Address:**16 CHURCH STREET
OSPREY, FL 34229 US**FEI Number:** 65-0061871**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIEDLANDER, BOB PD
16 CHURCH STREET
OSPREY, FL 34229 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	VPD
Name	WILSON, DONALD
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	TD
Name	WILSON, DONALD
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	DIRECTOR
Name	HIRSCHY, DALE
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	D
Name	HEALY, JOHN
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	SECRETARY
Name	KUBIAS, KAY
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	PD
Name	FRIEDLANDER, BOB
Address	16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

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.

SIGNATURE: BOB FRIEDLANDER**PRESIDENT****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date