## FILED DOCUMENT # 764116 May 22, 2000 8:00 am Secretary of State 1. Entity Name SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION. 04-20-2000 90027 038 \*\*\*\*61.25 Principal Place of Business Mailing Address art Seidelman P.O. BOX 1205 1508 PELICAN COVE RD OSPREY FL 34229-1205 SARASOTA FL 34231 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2657406 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEIDELMAN, ARTHUR G 1508 PELICAN COVE RD GR 230 City Zip Code SARASOTA FL 34231 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE PD Delete TITLE ADRIANA: GAS PAR 22 CRESTWOOD RUAD NAME D MCCABE, C E NAME STREET ADDRESS STREET ADDRESS 6010 SHERWOOD CT NORTH READING MA. 01864 CITY-ST-ZIP CITY-ST-ZIP NASHVILE TN SERI TREE Change Addition STD TITLE TITLE Delete THOMAS GRANATA NAME D MCCABE, BETTY NAME 744 4ADIZ ROAD #9 STREET ADDRESS STREET ADDRESS 6010 SHERWOOD CT CITY-ST-ZIP CITY-ST-ZIP VENICE, FA. 34285 NASHVILLE TN PKESIDENT TITLE Change Change Addition TITLE ₩. ☐ Delete NAME DAVIS, JOHN A NAME STREET ADDRESS STREET ADDRESS 4 RIVER OR R D CITY-ST-ZIP City-ST-ZTF HACKETTSTOWN NJ ☐ Change ☐ Addition TITI F **Delete** TITLE NAME MCAULIFFE, DANIEL G NAME STREET ADDRESS 51 PAXTEN COURT STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP GOSHEN CT 08758 Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

JUIN AT LUCE BEQUIRED

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06

908-852-3068

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Daytime Phone #