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6-28-01

908-852-306A

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE JOHN GOLVIS

Jul 05, 2001 8:00 am DOCUMENT # 764116 **Secretary of State** 1. Entity Name 07-05-2001 90005 024 ****61.25 SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address ART SEIDELMAN P.O. BOX 1205 1508 PELICAN COVE RD OSPREY FL 34229 SARASOTA FL 34231 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 Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition NAMÊ MCCABE, C E JOHN DAVIS NAME STREET ADDRESS 4 RIVER OR RO STREET ADDRESS 6010 SHERWOOD CT CITY-ST-ZIP CITY-ST-ZIP NASHVILE TN HACKETTSTOWN NJ ADRIAN GASPAT UP STD TITLE STD 🗭 Delete TITLE 🗷 Change ☐ Addition NAME MCCABE, BETTY NAME STREET ADDRESS STREET ADDRESS 6010 SHERWOOD CT CITY-ST-ZIP . CITY-ST-ZIP NASHVILLE TN TITLE Delete TITLE OFF TREASURER Change ☐ Addition GRANATA NAME DAVIS, JOHN A NAME 744 CADIZ ROAD #9 4 RIVER DR R D STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP HACKETTSTOWN NJ TITLE Delete ☐ Change ☐ Addition NAME MCAULIFFE, DANIEL G STREET ADDRESS 51 PAXTEN COURT STREET ADDRESS CITY-ST-7IP **GOSHEN CT 06756** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.