(9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # 764116 1. Entity Name SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION, 04-11-2002 90669 021 \*\*\*\*61.25 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 Applied For 4. FEI Number 59-2657406 Not Applicable Zip 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** SARASOTA FL 34231 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: 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. PΠ PHESIDENT TITLE TITLE ☑ Change ☐ Addition Delete JOHN DAUS MCCABE, C E NAME NAME 4 RIVER OR RD 6010 SHERWOOD CT STREET ADDRESS STREET ADDRESS ALLETTSTOWN NJ 07840 CITY-ST-ZIP NASHVILE TN CITY-ST-ZIP STD Addition TITLE TITLE ☐ Change Delete 🕽 MCCABE, BETTY NAME NAME 4850 LYNN DRIVE 6010 SHERWOOD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE TN CITY-ST-ZIP NORTH MA 01864 W PD TREASUREL Delete **Addition** THOMAS GRANATA DAVIS, JÖHN A NAME NAME 4 RIVER DR R D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HACKETTSTOWN NJ CITY-ST-7IP TITLE 🞾 Delete TITLE ☐ Change ☐ Addition MCAULIFFE, DANIEL G NAME NAME 51 PAXTEN COURT STREET ADDRESS STREET ADDRESS **GOSHEN CT 06756** CITY-ST-7IP CITY-ST-ZIP VP + STD ADRIAN GASPAR ABGO LYNN DRIVE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS NORTH READING MA 01864 CITY-ST-ZIP CITY-ST-ZIP TREASURER ☐ Delete Addition TITLE TITLE Change THUMAS GRAPATA NAME NAME 744 CADIZ ROAD UVIT 9 STREET ADDRESS 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)(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

SIGNATURE

STANDARD TOPE OF PRINTED NAME OF SIGNING OFFICER OF PRINTED BY IS

changed, or on an attachment with an address, with all other like empowered

4-5-02

941/966-299 Dayfirme Phone #

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