

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-31-2003 90173 041 ****61.25

DOCUMENT # 764116

1. Entity Name

SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**ART SEIDELMAN
1508 PELICAN COVE RD
SARASOTA FL 34231
US**

Mailing Address

**P.O. BOX 1205
OSPREY FL 34229
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2657406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIDELMAN, ARTHUR G.
1508 PELICAN COVE RD
GR 230
SARASOTA FL 34231**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DAVIS, JOHN**
STREET ADDRESS **4 RIVER DRIVE ROAD**
CITY-ST-ZIP **HACKETTSTOWN NJ 07840**

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

TITLE **VPS** ☒ Delete
NAME **GASPAR, ADRIAN**
STREET ADDRESS **4860 LYNN DRIVE**
CITY-ST-ZIP **NORTH READING MA 01864**

TITLE **VPS** ☐ Change ☒ Addition
NAME **JOSEPH A. GENTILE**
STREET ADDRESS **800 CHARIOT LANE**
CITY-ST-ZIP **LIVERPOOL N.Y. 13090**

TITLE **PD** ☒ Delete
NAME **DAVIS, JOHN A**
STREET ADDRESS **4 RIVER DR R D**
CITY-ST-ZIP **HACKETTSTOWN NJ**

TITLE **VPS** ☐ Change ☒ Addition
NAME **JOSEPH A. GENTILE**
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **GRANATA, THOMAS**
STREET ADDRESS **744 CADIZ ROAD UNIT 9**
CITY-ST-ZIP **VENICE FL 34285**

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

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. DAVIS RR 1-18-03 90882-3068

Date

Daytime Phone #

CR2E037 (10/02)