

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:40

DOCUMENT # N22265 (5)
1. Corporation Name
HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2055 WOOD STREET
SUITE 202
SARASOTA FL 34237**

Mailing Address
**2055 WOOD STREET
SUITE 202
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0061871** Applied For ☐
Not Applicable ☒

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

**PROPERTY & ACCOUNTING MANAGEMENT INC
2055 WOOD STREET
SUITE 202
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EILKS, HOWARD
STREET ADDRESS	3384 HADFIELD GREENE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	BEUTH, ALLEN
STREET ADDRESS	3400 HADFIELD GREENE
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	MILLER, EVELYN
STREET ADDRESS	3419 HADFIELD GREENE
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	FREIDLANDER, BOB
STREET ADDRESS	3336 HADFIELD GREENE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	BENNETT, HARRY L.
STREET ADDRESS	3305 HADFIELD GREENE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Windwer, Jay
2.4 CITY-ST-ZIP	3460 Hadfield Greene Sarasota, FL 34235
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1995

7/24/95
379-9038

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