FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N22265

Corporation Name

HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.

Principal Pla	ice of Busine
2055 WOOD	STREET

2055 WOOD STREET SUITE 202 SARASOTA FL 34237

Suite, Apt. #, etc.

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2. Principal Place of Business

Mailing Address

2055 WOOD STREET SUITE 202

SARASOTA FL 34237

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90001 002 ****61.25

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3. Date Incorporated or Qualifed

08/27/1987

65-0061871

4. FEI Number

City & State	5. Certificate of Status Desired Fee Required
23 28 28 Country Zip Co	
Zip Country Zip Co 24 25 29 30	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name
PROPERTY & ACCOUNTING MANAGEMENT INC	82 Street Address (P.O. Box Number is Not Acceptable)
2055 WOOD STREET	
SUITE 202	83
SARASOTA FL 34237	84 City 85 Zip Code
	FL
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sta 	above-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered tutes.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD DELETE 1.11	TILE V/D Marchange ☐ Addition
\ '=	wwe Wilson, Donald
· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS 3449 Hadfield Greene
	ary-st-zp Sarasota, FL 34235
	TILE Change Addition
NAME WINDWER, JAY	MAME .
	STREET ADDRESS
	CITY-ST-ZIP C / D
	TWINEM, Patricia Change Addition
NAME JACKSON, ANNADELE 321	Twinem, Patricia 3463 Hadfield Greene Patricit
	STREET ADDRESS Sarasota, FL 34235
	CITY-ST-ZIP
□ DEFETE ■ 44-	ΠΤLE ☐ Change ☐ Addition
NAME PD FREIDLANDER, ROBERT Friedlander 4.2	NAME
STREET ADDRESS 3336 HADFIELD GREENE 433	STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 4.44	DITY-ST-ZIP
TITLE D S.11	TILE D Change Addition
NAME KAISMAN, BEHNARU	Hirschy, Dale
	STREETADDRESS 3484 Hadfield Greene
CITY-ST-ZIP SARASOTA FL 5.40	Sarasota, FL 34235
TITLE DELETE 6.1	TILE Change Addition
NAME 620	VAME
I	
STREET ADDRESS	STREET ADDRESS
SINCE ADDRESS	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 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 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 and Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Daytime Phone #

.CR2E037 (11/98).

Applied For

Not Applicable