

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 050 ****61.25

DOCUMENT # N22265

1. Entity 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

C0043301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4983 Ringwood Meadow
 Suite, Apt. #, etc.

3. Mailing Address

4983 Ringwood Meadow
 Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0061871

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34235

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

PAH Management, Inc

Street Address (P.O. Box Number is Not Acceptable)

4983 Ringwood Meadow

City

SARASOTA

FL

Zip Code

34235

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 **MELVIN RUBIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, DONALD	
STREET ADDRESS	3449 HADFIELD GREEN	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WINDWER, JAY	
STREET ADDRESS	3460 HADFIELD GREENE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TWINEM, FRANCIS P	
STREET ADDRESS	3463 HADFIELD GREENE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, ROBERT	
STREET ADDRESS	3336 HADFIELD GREENE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCHY, DALE	
STREET ADDRESS	3484 HADFIELD GREENE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Twinem, Pat	
STREET ADDRESS	3463 Hadfield Green	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAY WINDWER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01

CR2E037 (10/00)

0075686