

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 017 ****61.25

DOCUMENT # N22265

1. Entity Name

HADFIELD GREENE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4983 RINGWOOD MEADOW
SARASOTA FL 34235

Mailing Address

4983 RINGWOOD MEADOW
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0061871

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

PAMI MANAGEMENT, INC
4983 RINGWOOD MEADOW
SARASOTA FL 34235

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
Due By May 1, 2004

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
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
WILSON, DONALD
3449 HADFIELD GREEN
SARASOTA FL 34235 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
WINDWER, JAY
3460 HADFIELD GREENE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
O'CONNOR, THOMAS F
3436 HADFIELD GREENE
SARASOTA FL 34235 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
FRIEDLANDER, ROBERT
3336 HADFIELD GREENE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HIRSCHY, DALE
3484 HADFIELD GREENE
SARASOTA FL 34235 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #