FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:47

DOCUMENT # N35609 (9)

1. Corporation Name
SHEFFIELD GREENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5037 RINGWOOD MEADOW SARASOTA FL 34235	5037 RINGWOOD MEADOW SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0168457 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VERSTEEG, JAMES H
5708 SHEFFIELD GREENE
SARASOTA FL 34235

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	VERSTEEG, JIM	1.2 NAME		
STREET ADDRESS	5708 SHEFFIELD GREENE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☒ Change ☐ Addition
NAME	MARQUARDT, RUSSELL F	2.2 NAME	Vice-President /D	
STREET ADDRESS	5630 SHEFFIELD GREEN →	2.3 STREET ADDRESS	Jean Burget	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	5607 Sheffield Greene Sarasota, fl 34235	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	OBSZARSKI, ELEANOR	3.2 NAME		
STREET ADDRESS	5634 SHEFFIELD GREENE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		XX Change ☐ Addition
NAME	RIGLES, DEE	4.2 NAME	D	
STREET ADDRESS	5640 SHEFFIELD GREENE →	4.3 STREET ADDRESS	Bill Gunn	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	5714 Sheffield greene Sarasota, FL 34235	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, GARRY	5.2 NAME		
STREET ADDRESS	5650 SHEFFIELD GREENE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 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: X Eleanor M Obszarski 3/15/95 (813) 365-4302
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Eleanor Obszarski - Sec./Treas.

0018401