

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90090 021 ****61.25

0075625

DOCUMENT # N35609

1. Entity Name

SHEFFIELD GREENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5037 RINGWOOD MEADOW
 SARASOTA FL 34235**

Mailing Address

**5037 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

4. FEI Number

65-0168457

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GUNN, BILL
 5714 SHEFFIELD GREENE
 SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name **Rebecca F. Stokes**

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

3053 51st Street

City **Sarasota**

FL

Zip Code **34234**

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

Rebecca F. Stokes

Rebecca F. Stokes

4/1/01

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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 **D** ☐ Delete
 NAME **OBSZARSKI, ELEANOR**
 STREET ADDRESS **5684 SHEFFIELD GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **VPD** ☐ Delete
 NAME **JOHNSON, RALPH**
 STREET ADDRESS **5695 SHEFFIELD GREENE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DP**** ☒ Delete
 NAME **BURGET, JEAN******
 STREET ADDRESS **5697 SHEFFIELD GREENE*******
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **DST** ☐ Delete
 NAME **BILL GUNN**
 STREET ADDRESS **5714 SHEFFIELD GREENE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
 NAME **HINGEL, WALTER**
 STREET ADDRESS **5668 SHEFFIELD GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President/Director** ☒ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President/Director** ☒ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition

NAME **Jeanne Versteeg**
 STREET ADDRESS **5708 Sheffield Greene**
 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eleanor M Obszarski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor Obszarski

Date

Daytime Phone #

01 (941) 355-4880

CR2E037 (10/00)