

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90132 017 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N35609</b><br>1. Entity Name<br><b>SHEFFIELD GREENE CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><del>5037 RINGWOOD MEADOW</del><br><del>SARASOTA FL 34235</del>  |  |   | Mailing Address<br><del>5037 RINGWOOD MEADOW</del><br><del>SARASOTA FL 34235</del> |   |  |
| 2. Principal Place of Business<br><b>2004 Longmeadow</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2004 Longmeadow</b><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>Sarasota, FL</b><br>Zip<br><b>34235</b>  |  | City & State<br><b>Sarasota, FL</b><br>Zip<br><b>34235</b>  |  | 4. FEI Number<br><b>65-0168457</b>  |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STOKES, REBECCA F</b><br><b>3053 51ST STREET</b><br><b>SARASOTA FL 34234</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VDTS</b><br><b>OBZARSKI, ELEANOR</b><br><b>5684 SHEFFIELD GREENE</b><br><b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>VP, Sec, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>JOHNSON, RALPH</b><br><b>5695 SHEFFIELD GREENE</b><br><b>SARASOTA FL</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>FITZGERALD, BARRY</b><br><b>5663 SHEFFIELD GREENE</b><br><b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><del><b>NOBLE, ALISON</b></del><br><del><b>5662 SHEFFIELD GREENE</b></del><br><del><b>SARASOTA FL 34235</b></del> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>Director, Treasurer</b><br><b>Anderson, Ronald</b><br><b>5718 Sheffield Greene</b><br><b>Sarasota, FL 34235</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BOBINSKI, RICHARD J</b><br><b>5679 SHEFFIELD GREENE</b><br><b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>    |  |   | (941) 355-4880<br><b>Eleanor M. Obszarski- VP/Sec. 4/15/05</b>                     |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #   |   |  |