

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35609

FILED
Mar 31, 2009
Secretary of State

Entity Name: SHEFFIELD GREENE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2004 LONGMEADOW
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

2004 LONGMEADOW
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 65-0168457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, REBECCA F
3053 51ST STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, WILLIAM
Address: 5609 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: ANDERSON, RON
Address: 5718 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: PARADIS, NELSON
Address: 5612 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: VD () Delete
Name: GREEN, CHARLES
Address: 5636 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: THOMPSON, MAUREEN
Address: 5659 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JOHNSON, WILLIAM
Address: 5609 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, MAUREEN
Address: 5659 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON PARADIS

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date