

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000085704

1. Entity Name
GREENVIEW DEVELOPERS OF SARASOTA, INC.



Principal Place of Business

C/O ALLAN J BARBERIO
1858 RINGLING BLVD.
SARASOTA, FL 34236

Mailing Address

C/O ALLAN J BARBERIO
1858 RINGLING BLVD.
SARASOTA, FL 34236



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3836615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTENSTINE, J. MICHAEL
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000075857
03/04/04-80004-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBERIO, ALLAN J 7436 MONTE VERDE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, JAMES E 8585 MIDNIGHT PASS RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBERIO, KAY 7436 MONTE VERDE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRITINE, JAMES 8585 MIDNIGHT PASS RD. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: *✓ Allan J Barberio - Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/2/04

Date

✓ 941 3654617

Daytime Phone #