

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743050

1. Entity Name

SHEFFIELD N CONDOMINIUM ASSOCIATION, INC.



FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90140 023 ****61.25

0010803

Principal Place of Business Mailing Address
328 SHEFFIELD N. W. PALM BEACH FL 33417 328 SHEFFIELD N. W. PALM BEACH FL 33417

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 59-2367614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEACREST
ATTN: WILLIAM L MCCLOSKEY
BUSINESS PARK 3700 GEORGIA AVE.
WEST PALM BEACH FL 33405

Name Seacrest Services, Inc. / Dorothy Kefauver
Street Address (P.O. Box Number is Not Acceptable) 2400 Centrepark W. Dr., Suite 175
City West Palm Beach FL Zip Code 33409

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 \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GOGUEN, IVAN ☐ Delete
STREET ADDRESS 332 SHEFFIELD N.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GOLSTEIN, ELAINE ☐ Delete
STREET ADDRESS 328 SHEFFIELD N.
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME TOWLE, DORIS ☐ Delete
STREET ADDRESS 342 SHEFFIELD N
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME GOLDFARB, WOLFGANG ☐ Delete
STREET ADDRESS 330 SHEFFIELD N
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JASPER, HERMAN ☐ Delete
STREET ADDRESS 341 SHEFFIELD N
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 report 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ37 (4/03)