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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743322**

1. Corporation Name
SHEFFIELD "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
144 SHEFFIELD F WEST PALM BEACH FL 33417 US	144 SHEFFIELD F WEST PALM BEACH FL 33417 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/20/1978

4. FEI Number
59-1818114
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WEINER, MAX
SHEFFIELD F133 CENTURY VILLAGE
WEST PALM BCH FL 33417 -1524

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, LIBBY		1.2 NAME	
STREET ADDRESS	SHEFFIELD F 141		1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL ~~00000~~ 33417-1524		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINER, MAX		2.2 NAME	
STREET ADDRESS	SHEFFIELD F 133		2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33417-1524		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LERNER, CELIA		3.2 NAME	
STREET ADDRESS	144 SHEFFIELD F		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417 -1524		3.4. CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAZONOFF, NORMAN		4. 2 NAME	
STREET ADDRESS	129 SHEFFIELD F		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417 -1524		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Max Weiner SIGNATURE REQUIRED Max Weiner 02/22/1999 561 686-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #