

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-27-2002 90023 004 ****61.25

DOCUMENT # 743322

1. Entity 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

25662



DO NOT WRITE IN THIS SPACE

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

59-1818114

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

LERNA, CELIA
 SHEFFIELD F194
 WEST PALM BCH FL 33417

Name Dennis Nankervis (Pres)

Street Address (P.O. Box Number is Not Acceptable)

City

Sheffield F-144
 W.P. Beh, FL Zip Code 33417

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
 NAME FRANKEL, LIBBY
 STREET ADDRESS SHEFFIELD F 141
 CITY-ST-ZIP W PLM BCH FL 33417-1524

TITLE PRES. ☒ Change ☐ Addition
 NAME DENNIS NANKERVIS
 STREET ADDRESS SHEFFIELD - F - 146
 CITY-ST-ZIP W.P. Beh, FL 33417-1524

TITLE TD ☐ Delete
 NAME LERNER, CELIA
 STREET ADDRESS SHEFFIELD 144
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE V. PRES. ☒ Change ☐ Addition
 NAME KENDALL POTTER
 STREET ADDRESS SHEFFIELD F-142
 CITY-ST-ZIP W.P. Beh, FL 33417-1524

TITLE PD ☐ Delete
 NAME LERNER, CELIA
 STREET ADDRESS 144 SHEFFIELD F
 CITY-ST-ZIP WEST PALM BEACH FL 33417-1524

TITLE SEC. ☒ Change ☐ Addition
 NAME BEA JACQUES
 STREET ADDRESS SHEFFIELD F-134
 CITY-ST-ZIP W.P. Beh, FL 33417-1524

TITLE VP ☐ Delete
 NAME CHAZONOFF, NORMAN
 STREET ADDRESS 129 SHEFFIELD F
 CITY-ST-ZIP WEST PALM BEACH FL 33417-1524

TITLE ☐ Change ☐ Addition
 NAME CELIA LERNER
 STREET ADDRESS SHEFFIELD - F 144
 CITY-ST-ZIP W.P. Beh, FL 33417-1524

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME MILTON LAZAR
 STREET ADDRESS 135 SHEFFIELD F
 CITY-ST-ZIP W.P. Beh, FL 33417-1524

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)