2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 743322

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

FILED
05 NOV 17 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
146 SHEFFIELD F WEST PALM BEACH, FL 33417 US	146 SHEFFIELD F WEST PALM BEACH, FL 33417 US

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. — SEACREST SERVICES, INC
City & State — 2400 Center Park W. Drive
Suite 175
Zip / Country — West Palm Beach, FL 33409-6405

REINSTATEMENT 2005

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
NANKERVIS, DENIS c/o Seacrest Services 2400 CENTRE PARK W. DRIVE SUITE 175 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 DENIS NANKERVIS Denis Nankervis 10/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACQUES, BEA SHEFFIELD F 134 W PLM BCH, FL 334171524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTORFF, KENDALL SHEFFIELD F 142 WEST PALM BEACH, FL 334171526 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LERNER, CELIA SHEFFIELD F 144 WEST PALM BEACH, FL 334171524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANKERVIS, DENNIS SHEFFIELD F 146 WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400006085444 10/17/05--01056--017 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Bea Jacques BEA JACQUES 10/15/05 561-686-3819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #