

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 003 ****61.25

DOCUMENT # 743322

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



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

Mailing Address
**SEACREST SERVICES, INC.
2400 CENTER PARK W. DRIVE, SUITE 175
WEST PALM BEACH, FL 33409-6405**

60016427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1818114

Applied For
Not Applicable

Zip

Country

Zip

Country

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **SD** ☐ Delete
NAME **JACQUES, BEA**
STREET ADDRESS **SHEFFIELD F 134**
CITY-ST-ZIP **W PLM BCH, FL 334171524**

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

TITLE **VD** ☐ Delete
NAME **POTTORFF, KENDALL**
STREET ADDRESS **SHEFFIELD F 142**
CITY-ST-ZIP **WEST PALM BEACH, FL 334171526**

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

TITLE **TD** ☒ Delete
NAME **LERNER, CELIA**
STREET ADDRESS **SHEFFIELD F 144**
CITY-ST-ZIP **WEST PALM BEACH, FL 334171524**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **GRACE, DONALD**
STREET ADDRESS **SHEFFIELD F, 145**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **PD** ☐ Delete
NAME **NANKERVIS, DENNIS**
STREET ADDRESS **SHEFFIELD F 146**
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

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 exemptions contained in Chapter 119, 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:

Donald Grace, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06
Date

561-686-2382
Daytime Phone #