2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #743322

FILED Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90002 026 ****61.25

Principal Place of Business	1. Entity Nam SHEFFIE	LD "F" CONDOMINIUM AS	SOCIATION, INC.				
Suite Apl. #. etc. Suite Apl. #. etc. D1232008	146 SHEFFIELD F SEAC WEST PALM BEACH, FL 33417 US 2400		SEACREST SERVICES, INC 2400 CENTER PARK W. E	ACREST SERVICES, INC. OO CENTER PARK W. DRIVE, SUITE 175			B1811 81815501 B1 1501
City & State Country Country Country S. Certificate of States Degreed S. Agriculto- S. Certificate of States Degreed S. Certificate of Sta	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address				
S9-1818114 No. No. Applicable	Suite, Apt, #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (1	2/06)
S. Certificate of Saleus Begred Four Requirement Four Requirement Four Requirement Four Requirement Four Requirement Four Register	City & Stat	е	City & State			4	
NANKERVIS, DENIS 2400 CENTRE PARK W. DRIVE SUITE 175 WEST PALM BEACH, FL 33409 City FL Zip Code City FL		Country	Zip	Country	5. Certificate of Sta		
NANKERVIS, DENIS 2400 CENTRE PARK W. DRIVE SUITE 175 WEST PALM BEACH, FL 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 FILE Granter, took or provide name of registered agent and the recordable. (NOTE Requered Agent Review request dent inclusions) FILING Fee is \$61.25 Due by May 1, 2008 FILI		6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Agen	<u> </u>
City FL Zip Code					dress (P.O. Box Number is N	lot Acceptable)	
## 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 Signature. Topicol or printed name of impatience agent and little if ecolication. (NOTE: Registered Agent signature required when roundating) DATE				City		FL ²	ip Code
SIGNATURE Signature, highed or privated name of regulatered agent and little if application. (NOTE: Registered Agent septial/lite required of State 10.			r the purpose of changing its re	egistered office or re	egistered agent, or both, in t	he State of Florida. I am famili	ar with, and accept
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE SD JACQUES, BEA SHEFFIELD F 134 SIREEL ADDRESS CITY-ST-2P WPLM BCH, FL. 334171524 WEST PALM BEACH, FL. 33417 IIILE IIILE PD GRACE, DONALD SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P WEST PALM BEACH, FL. 33417 IIILE NAME SIREEL ADDRESS CITY-SI-2P IIILE NAME SIREEL ADDRESS SIREEL ADDRESS CITY-SI-2P IIILE NAME SIREEL ADDRESS SIREEL AD	SIGNATURE .					***	
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered agent a	and little if applicable. (NO1E: F	legistered Agent signature	required when reinstating)	DATE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CZ TREASURER

2/24/8

34-246-2715

Daytime Phone #