

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90037 033 *****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
**146 SHEFFIELD F
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business
146 Sheffield F
Suite, Apt. #, etc.

3. Mailing Address
146 Sheffield F
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number **59-1818114**

Applied For
☐ Not Applicable

Zip Country
33417 US

Zip Country
33417 US

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

6. Name and Address of Current Registered Agent

**NANKERVIS, DENNIS
SHEFFIELD F 146
WEST PALM BCH FL 33417**

7. Name and Address of New Registered Agent

Name **Nankervis, Denis**

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

146 Sheffield F

City **West Palm Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Denis Nankervis, Pres.** *Denis Nankervis* **3/7/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **P** ☐ Delete
NAME **NANKERVIS, DENNIS**
STREET ADDRESS **SHEFFIELD F-144**
CITY-ST-ZIP **WEST PALM BEACH FL 33417-1524**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S/D** ☒ Change ☒ Addition
NAME **Bea Jacques, Bea**
STREET ADDRESS **Sheffield F 134**
CITY-ST-ZIP **West Palm Beach, FL 33417-1524**

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

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

TITLE **V/D** ☒ Change ☒ Addition
NAME **Kendall Pottorff, Kendall**
STREET ADDRESS **Sheffield F 142**
CITY-ST-ZIP **West Palm Beach, FL 33417-1526**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Lerner, Celia**
STREET ADDRESS **Sheffield F 144**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Nankervis, Dennis**
STREET ADDRESS **Sheffield F 146**
CITY-ST-ZIP **West Palm Beach, FL 33417**

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 *Celia Lerner* **Celia Lerner, Treas** **02/05/03** **561-688-9838**

CR2E037 (10/02)