

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19527

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** SHEFFIELD M CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

311 SHEFFIELD M  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

SHEFFIELD M C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33417 US

**FEI Number:** 59-2389387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, WILLIAM  
311 SHEFFIELD M  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARROLL, WILLIAM  
Address: 311 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VPT  
Name: CROWLEY, DOLORES  
Address: 310 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: SCHULMAN, AL  
Address: 317 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: ENO, RICHARD  
Address: 307 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: KATHLEEN, MORETTI  
Address: 315 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: ARLENE, MANIFF  
Address: 316 SHEFFIELD M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MS

03/23/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date