2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2002 8:00 am DOCUMÊNT # **N38780** Secretary of State 1. Entity Name 03-27-2002 90084 045 ****61.25 SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address SHEFFIELD Q - CV EPSTEIN, SHIRLEY W PALM BCH FL 33417 397 SHEFFIELD W PALM BCH FL 33417-1550 2. Principal Place of Business 3. Mailing Address WPBF133412 397 Shoffield Q 99 Shettie Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 59-2359970 J.P. B. F. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ostein Number is Not Acceptable) O Box EPSTEIN, SHIRLEY 397 SHEFFIELD WEST PALM BEACH FL 33417 Zip Code 3341 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. SIGNATURE Make Check Payable to **_9.-**Election.Campaign_Financing_ \$5.00-May Be-FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Vice President TITLE ☐ Delete TITLE **EPSTEIN, SHIRLEY** NAME NAME Frank schieli 408 Sheffield 4 W.P.B. Fl. 33417 STREET ADDRESS 397 SHEFFIELD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL ۷Ď TITLE TITLE ☐ Change Addition 397 SHEFFIELD COLEASE d W PALM BCH FL aroline Remaley 44 Sheffield 9 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CiTY-ST-ZIP D Delete His Board Member TITLE TITLE Change **X** Addition Illis Kane GROSS, FLORA NAME NAME 402 SHEFFIELD Q STREET ADDRESS Sheffield 4 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH CITY-ST-ZIP F). 33417 TITLE ☐ Delete TITLE Change ☐ Addition FISHER, ANN NAME NAME STREET: ADDRESS 413 SHEFFIELD Q STREET ADDRESS CITY-ST-7IP CITY-ST-7IP WEST PALM BEACH FL TITLE Delete TITLE Change Addition WEITZMAN, GEORGE NAME NAME STREET ADDRESS 407 SHEFFIELD Q STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition TITLE □ Delete TITLE ☐ Change NAME VAN ALLEN, JOAN NAME

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 feport 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 impowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

398 SHEFFIELD Q

W PALM BCH FL

(9/01)