

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-02-2003 90037 034 ****61.25

DOCUMENT # N38780

1. Entity Name

SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**SHEFFIELD Q
W PALM BCH FL 33417
US**

Mailing Address

**397 SHEFFIELD Q
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2359970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EPSTEIN, SHIRLEY
397 SHEFFIELD Q
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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

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	PT	☐ Delete
NAME	EPSTEIN, SHIRLEY	
STREET ADDRESS	397 SHEFFIELD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1547	
TITLE	VP	☐ Delete
NAME	SCHIEL, FRANK	
STREET ADDRESS	408 SHEFFIELD Q	
CITY-ST-ZIP	WEST PALM BEACH FL 33417 33417-1547	
TITLE	BM	☒ Delete
NAME	REMALEY, CAROLINE	
STREET ADDRESS	414 SHEFFIELD Q	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	BM	☒ Delete
NAME	FISHER, ANN	
STREET ADDRESS	413 SHEFFIELD Q	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	BM	☒ Delete
NAME	WEITZMAN, GEORGE	
STREET ADDRESS	407 SHEFFIELD Q	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	☐ Delete
NAME	VAN ALLEN, JOAN	
STREET ADDRESS	398 SHEFFIELD Q	
CITY-ST-ZIP	W PALM BCH FL 33417-1547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Flora Gross	
STREET ADDRESS	402 Sheffield Q	
CITY-ST-ZIP	W. P.B. FL. 33417-1547	
TITLE	D	☐ Change ☒ Addition
NAME	Lloyd T. Root	
STREET ADDRESS	410 Sheffield Q	
CITY-ST-ZIP	W. P.B. FL. 33417-1547	
TITLE	D	☐ Change ☒ Addition
NAME	Charlotte Root	
STREET ADDRESS	410 Sheffield Q	
CITY-ST-ZIP	W. P.B. FL. 33417-1547	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED Pres. *[Signature]* 11/7/03

Date

Daytime Phone #

(561) 689-7479

CPRE037 (10/02)