

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001521 (3)**

1. Corporation Name

**THE SHEFFIELD "P" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: SHEFFIELD "P". UNIT 392, CENTURY VILLAGE, WEST PALM BEACH FL  
Mailing Address: SHEFFIELD "P". UNIT 392, CENTURY VILLAGE, WEST PALM BEACH FL  
*-33417-1546*

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 03/22/1994  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-1622733  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SEACREST MANAGEMENT INC.  
3700 GEORGIA AVE.  
WEST PALM BEACH FL**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City, B5. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BOY-SENDRA, LUCILE 392 SHEFFIELD -P-, CENTURY VILLAGE WEST PALM BEACH FL 33417-1546	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV COHEN, IRVING 388 SHEFFIELD -P-, CENTURY VILLAGE WEST PALM BEACH FL 33417-1546	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DV Cohen, Ethel
STREET ADDRESS		2.3 STREET ADDRESS	388 Sheffield P. - CV
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W.P.B., FL 33417-1546
TITLE	DS SEIBEL, FRED A 395 SHEFFIELD -P-, CENTURY VILLAGE WEST PALM BEACH FL 33417-1546	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DS Bensch, Adeline
STREET ADDRESS		3.3 STREET ADDRESS	396 Sheffield P. - CV
CITY-ST-ZIP		3.4 CITY-ST-ZIP	W.P.B., FL 33417-1546
TITLE	DT HACKETT, FRANCIS 390 SHEFFIELD -P-, CENTURY VILLAGE WEST PALM BEACH FL 33417-1546	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis G. Hackett* 3/1/96 407-688-8775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)