

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SEACREST MANAGEMENT INC.
3700 GEORGIA AVE.
WEST PALM BEACH FL**

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report
03/02/1995

4. FEI Number
59-1622733

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP BOY-SENDRA, LUCILE**
STREET ADDRESS **392 SHEFFIELD -P-, CENTURY VILLAGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417-1546**

TITLE ☒ DELETE
NAME **DV COHEN, IRVING**
STREET ADDRESS **388 SHEFFIELD -P-, CENTURY VILLAGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417-1546**

TITLE ☒ DELETE
NAME **DS SEIBEL, FREDA**
STREET ADDRESS **395 SHEFFIELD -P-, CENTURY VILLAGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417-1546**

TITLE ☐ DELETE
NAME **DT HACKETT, FRANCIS**
STREET ADDRESS **390 SHEFFIELD -P-, CENTURY VILLAGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417-1546**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DV Cohen, Ethel**
2.3 STREET ADDRESS **388 Sheffield P. - CV**
2.4 CITY-ST-ZIP **W.P.B., FL 33417-1546**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DS Bersch, Adeline**
3.3 STREET ADDRESS **396 Sheffield P. - CV**
3.4 CITY-ST-ZIP **W.P.B., FL 33417-1546**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

407-688-8775
Daytime Phone #

CR2E037 (12/95)