

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1997 8:00am
 Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33417-1546 US | Mailing Address SHEFFIELD "P". UNIT 392 CENTURY VILLAGE WEST PALM BEACH FL 33417-1546 US |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 03/22/1994 | 3a. Date of Last Report 03/14/1996 |
| 4. FEI Number 59-1622733 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

| |
|-------------------------------------------------------|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--------------------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BOY-SENDRA, LUCILE | |
| STREET ADDRESS | 392 SHEFFIELD -P-, CENTURY VILLAGE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417-1546 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | COHEN, ETHEL | |
| STREET ADDRESS | 388 SHEFFIELD -P-, CENTURY VILLAGE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | BERSCH, ADELINE | |
| STREET ADDRESS | 395 SHEFFIELD -P-, CENTURY VILLAGE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | HACKETT, FRANCIS | |
| STREET ADDRESS | 390 SHEFFIELD -P-, CENTURY VILLAGE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417-1546 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DS DONALD BECK |
| 3.3 STREET ADDRESS | 387 Sheffield -P Century Village |
| 3.4 CITY-ST-ZIP | West Palm Beach, Fl. |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (4/97)