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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001521

1. Corporation Name

THE SHEFFIELD "P" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SHEFFIELD "P", UNIT 392  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417-1546  
US

SHEFFIELD "P", UNIT 392  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417-1546  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/22/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1622733

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE DV  
NAME COHEN, ETHEL  
STREET ADDRESS 388 SHEFFIELD -P-, CENTURY VILLAGE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS  
NAME BECK, DONALD  
STREET ADDRESS 387 SHEFFIELD P CENTURY VILLAGE  
CITY-ST-ZIP W PALM BCH FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 1999 561-688-8725

CR2E037 (11/98)