

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001521

1. Entity Name

THE SHEFFIELD "P" CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90062 025 \*\*\*\*61.25

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1622733

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**  
**Department of State**

10. 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 type="checkbox"/> Delete
NAME	BECK, DONALD	
STREET ADDRESS	387 SHEFFIELD P CENTURY VILLAGE	
CITY-ST-ZIP	W PALM BCH 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Francis Hackett* Francis Hackett  
Treasurer 2/22/2000 688-8775

CR2E037 (9/99)