

FILED
Apr 21, 2008 8:00 am
Secretary of State

02-26-2008 90011 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N94000001521			
1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1622733		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEACREST MANAGEMENT INC. 2400 CENTRE PARK WEST DR WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP President BOY-SENORA, LUCILE 392 SHEFFIELD P. CENTURY VILLAGE WEST PALM BEACH, FL 334171548		TITLE NAME STREET ADDRESS CITY-ST-ZIP HOFFMAN, KAREN 372 SHEFFIELD P. CENTURY VILLAGE WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS Secretary BECK, DONALD 387 SHEFFIELD P CENTURY VILLAGE W PALM BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP Dolores Bataglia 396 Sheffield - P. Century Village, W. Palm Beach Fl. 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT Treasurer HACKETT, FRANCIS 380 SHEFFIELD -P., CENTURY VILLAGE WEST PALM BEACH, FL 334171548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV HELIN, SONJA 395 SHEFFIELD P CENTURY VILLAGE WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP HOFFMAN, KAREN 372 SHEFFIELD P CENTURY VILLAGE WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dolores Bataglia 396 Sheffield - P. Century Village, W.P. Beach		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 fee empowered.			
SIGNATURE: FRANCIS G. HACKETT, Treasurer 2/9/08 561-688-8775			

561-688-8775

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N94000001521			
1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1622733		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEACREST MANAGEMENT INC. 2400 CENTRE PARK WEST DR WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>President</i> BOY-SENDRA, LUCILE 392 SHEFFIELD P. CENTURY VILLAGE WEST PALM BEACH, FL 334171548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOFFMAN, KAREN ☐ Change ☒ Add <i>Counselor</i> 372 SHEFFIELD P. CENTURY VILLAGE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <i>Secretary</i> BECK, DONALD 387 SHEFFIELD P CENTURY VILLAGE W PALM BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dolores Bataglia ☐ Change ☒ Add <i>Counselor</i> 396 Sheffield - P. Century Village, W. Palm Beach Fl. 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Treasurer</i> HACKETT, FRANCIS 380 SHEFFIELD -P., CENTURY VILLAGE WEST PALM BEACH, FL 334171548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☒ Delete HELIN, SONJA 395 SHEFFIELD P CENTURY VILLAGE WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOFFMAN, KAREN <i>Counselor</i> 372 SHEFFIELD P CENTURY VILLAGE WEST PALM BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Counselor</i> Dolores Bataglia ☐ Delete 396 Sheffield - P. Century Village, W.P. Beach	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.			
SIGNATURE: FRANCIS G. HACKETT <i>Francis G. Hackett, Treasurer</i>		Date: 2/1/08 561-688-8775	