FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17375** **(9)**

1. Corporation Name

SHEFFIELD L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% ARTHUR BERNHARD
291 SHEFFIELD L
WEST PALM BEACH FL 33417
US

Mailing Address

% ARTHUR BERNHARD
291 SHEFFIELD L
WEST PALM BEACH FL 33417
US

3. Date Incorporated or Qualified: 10/17/1986

3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1784844 — 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

9. **Name and Address of Current Registered Agent**

BERNHARD, ARTHUR
SHEFFIELD L-291
WEST PALM BEACH FL 33417

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 of a member of the board of directors or agent of the corporation — NOTE: Registered Agent signature is required if name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BERNHARD, ARTHUR	
STREET ADDRESS	SHEFFIELD L-291	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	SIEGLER, MATTHEW 1ST	
STREET ADDRESS	SHEFFIELD L-281	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	BOYARSKY, EVA	
STREET ADDRESS	SHEFFIELD L-287	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	STD	☐ DELETE
NAME	BERNHARD, RUTH	
STREET ADDRESS	SHEFFIELD L-291	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	WAGNER, TILLIE	
STREET ADDRESS	SHEFFIELD L-274	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	☐ DELETE
NAME	COHEN, MAX	
STREET ADDRESS	SHEFFIELD L-284	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: Ruth Bernhard RUTH BERNHARD 1/22/96 (407) 686-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)