

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 # **N19527** (3)

1. Corporation Name

SHEFFIELD M CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%WILLIAM J. POGGIO
SHEFFIELD APARTMENT M-306
W. PALM BEACH FL 33417

%WILLIAM J. POGGIO
SHEFFIELD APARTMENT M-306
W. PALM BEACH FL 33417

3. Date Incorporated or Qualified

03/04/1987

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2389387

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POGGIO, WILLIAM J.
SHEFFIELD APARTMENT M-306
W. PALM BEACH FL 33417

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

PD
POGGIO, WILLIAM J.
SHEFFIELD M-306
W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

VD
ABRAMS, IRENE
SHEFFIELD M-304
W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TD
ELSIE GRABOIS
SHEFFIELD M303
W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

SD
LEVINE, DIANA
SHEFFIELD M-295
W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D
WEBBER, DAVID
SHEFFIELD M-309
W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D
WEINER, ESTHER
SHEFFIELD M-316
W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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 42 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Poggio WILLIAM J. POGGIO

2/2/96 (407) 478-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)