

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

RUTH
% **ARTHUR BERNHARD**
291 SHEFFIELD L
WEST PALM BEACH FL 33417-1538
US3. Date Incorporated or Qualified
10/17/19863a. Date of Last Report
01/26/19964. FEI Number
59-1784844Applied For
Not Applicable5. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **RUTH BERNHARD**82 Street Address (P.O. Box Number is Not Acceptable)
SHEFFIELD L-29183 City **WEST PALM BEACH**84 FL 85 Zip Code **33417**

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 **RUTH BERNHARD, PRESIDENT****Ruth Bernhard****1/16/97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT-DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **BERNHARD RUTH**
1.3 STREET ADDRESS **SHEFFIELD L-291**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**2.1 TITLE **SECY-TREAS-DIRECTOR** ☐ Change ☐ Addition
2.2 NAME **SIEGLER, MATTHEW**
2.3 STREET ADDRESS **SHEFFIELD L-281**
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME **GIOIA, VINCENT**
4.3 STREET ADDRESS **SHEFFIELD L-278**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE **VICE PRES-DIRECTOR** ☒ Change ☐ Addition
6.2 NAME **BABUSH, SHIRLEY**
6.3 STREET ADDRESS **SHEFFIELD L-276**
6.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

14. I do 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 in an attachment with an address.

SIGNATURE: **Ruth Bernhard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 561-686-3838

Date

Daytime Phone # 0038386

CR2E037 (9/96)