


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 742788 (3)</b> 1. Corporation Name <b>SHEFFIELD J CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CENTURY VILLAGE WEST PALM BEACH FL 33417</b>			Mailing Address <b>CENTURY VILLAGE WEST PALM BEACH FL 33417</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/08/1978</b> 4. FEI Number <b>NOT APPLICABLE</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MORGENSTERN, AL SHEFFIELD J 244 WEST PALM BEACH FL 33417</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		VD <input type="checkbox"/> DELETE			
NAME		KAYE, HOWARD			
STREET ADDRESS		222 SHEFFIELD J			
CITY-ST-ZIP		WEST PALM BEACH FL 33417			
TITLE		PD <input type="checkbox"/> DELETE			
NAME		LATMAN, NATHAN			
STREET ADDRESS		SHEFFIELD J223 CENT VILL			
CITY-ST-ZIP		WEST PALM BEACH FL			
TITLE		TD <input type="checkbox"/> DELETE			
NAME		MORGENSTERN, AL			
STREET ADDRESS		SHEFFIELD J224 CENT VILL			
CITY-ST-ZIP		WEST PALM BEACH FL 000000			
TITLE		S <input type="checkbox"/> DELETE			
NAME		KAYE DORIS			
STREET ADDRESS		SHEFFIELD J222 CENT VILL			
CITY-ST-ZIP		WEST PALM BEACH FL			
TITLE		D <input type="checkbox"/> DELETE			
NAME		WOLK, EVGENE			
STREET ADDRESS		SHEFFIELD J229 CENT VILL			
CITY-ST-ZIP		WEST PALM BEACH, FL 00000			
TITLE		D <input type="checkbox"/> DELETE			
NAME		BASKIN, MURRAY			
STREET ADDRESS		221 SHEFFIELD J.			
CITY-ST-ZIP		WEST PALM BEACH FL 33417			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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:

SIGNATURE REQUIRED

*Alfred Morgenstern*

561-683-9679

CR2E037 (10/97)