

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742788

1. Entity Name

SHEFFIELD J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY VILLAGE
WEST PALM BEACH FL 33417

Mailing Address

CENTURY VILLAGE
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORGENSTERN, AL
SHEFFIELD J 244
WEST PALM BEACH FL 33417

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME KAYE, HOWARD ☐ Delete
STREET ADDRESS 222 SHEFFIELD J
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE PD
NAME LATMAN, NATHAN ☐ Delete
STREET ADDRESS SHEFFIELD J223 CENT VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD
NAME MORGENTSTERN, AL ☐ Delete
STREET ADDRESS SHEFFIELD J224 CENT VILL
CITY-ST-ZIP WEST PALM BEACH, FL00000

TITLE S
NAME KAYE DORIS ☐ Delete
STREET ADDRESS SHEFFIELD J222 CENT VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D
NAME WOLK, EVGENE ☐ Delete
STREET ADDRESS SHEFFIELD J229 CENT VILL
CITY-ST-ZIP WEST PALM BEACH, FL00000

TITLE D
NAME BASKIN, MURRAY ☐ Delete
STREET ADDRESS 221 SHEFFIELD J.
CITY-ST-ZIP WEST PALM BEACH FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NATALIE WOLK ☐ Change ☒ Addition
NAME 229 SHREED J Sec.
STREET ADDRESS W.P.B. FL. 33417
CITY-ST-ZIP

TITLE SAM OSER ☐ Change ☒ Addition
NAME 43 SHREED J D
STREET ADDRESS W.P.B. FL. 33417
CITY-ST-ZIP

TITLE M(MINNIE) LEVINE ☐ Change ☒ Addition
NAME 229 SHREED J
STREET ADDRESS W.P.B. FL. 33417
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Howard Kaye* REQUIRED HOWARD KAYE VICEPRES 683-7609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90060 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)

0092191