

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2002 8:00 am  
Secretary of State

03-22-2002 90044 033 \*\*\*\*61.25

DOCUMENT # 742788

1. Entity Name:

SHEFFIELD J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CENTURY VILLAGE  
WEST PALM BEACH FL 33417

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGENSTERN, AL  
SHEFFIELD J 244  
WEST PALM BEACH FL 33417

Name DORIS KAYE

Street Address (P.O. Box Number is Not Acceptable)

222 SHEFFIELD J

WEST PALM BEACH

City

FL

Zip Code

33417

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD  
NAME KAYE, DORIS  
STREET ADDRESS 222 SHEFFIELD J  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Change ☐ Addition

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

TITLE PD  
NAME OSER, SAM  
STREET ADDRESS 242 SHEFFIELD J  
CITY-ST-ZIP West Palm Beach FL 33417 ☒ Change ☐ Addition

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

TITLE TD  
NAME LEVINE-MINNIE  
STREET ADDRESS 228 SHEFFIELD J  
CITY-ST-ZIP West Palm Beach FL 33417 ☒ Change ☐ Addition

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

TITLE S  
NAME WOLK, NATALIE  
STREET ADDRESS 229 SHEFFIELD J  
CITY-ST-ZIP West Palm Beach FL 33417 ☒ Change ☐ Addition

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

TITLE D  
NAME LATMAN, NAT  
STREET ADDRESS 223 SHEFFIELD J  
CITY-ST-ZIP West Palm Beach FL 33417 ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)