

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742788

Entity Name: SHEFFIELD J CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**229 SHEFFIELD J
WEST PALM BEACH, FL 33417**Current Mailing Address:**229 SHEFFIELD J
WEST PALM BEACH, FL 33417 US**FEI Number:** 59-2365159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLAGHER, PHIL
905 NW 10TH STREET
BOYNTON BEACH, FL 33426 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	COHEN, MILTON
Address	229 SHEFFIELD J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	T, SECRETARY
Name	WOLK, RANDI
Address	229 SHEFFIELD J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	MARZIGLIANO, DANIE
Address	225 SHEFFIELD J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	AVERBACH, HERBERT
Address	238 SHEFFIELD J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	KARPIUK, TOM
Address	226 SHEFFILED J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	RODRIQUE, CLAUDE
Address	240 SHEFFIELD J
City-State-Zip:	WEST PALM BEACH FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MILTON COHEN**PRESIDENT****03/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date