

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743050

Entity Name: SHEFFIELD N CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**338 SHEFFIELD N
WEST PALM BEACH, FL 33417**Current Mailing Address:**338 SHEFFIELD N
WEST PALM BEACH, FL 33417 US**FEI Number:** 59-2367614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLAGHERPMINC@GMAIL.COM
1617 N LAKESIDE DRIVE
LAKE WORTH, FL 33460 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:** PHIL GALLAGHER

06/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	EILEEN , SLATTERY
Address	343 SHEFFIELD N
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	WHITLOCK, CAROL S
Address	322 SHEFFIELD N
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PRESIDENT
Name	CONROY, ANN
Address	333 SHEFFIELD N
City-State-Zip:	WEST PALM BEACH FL 33417

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

Title	VP
Name	DRZEWIECKI, JOSEF
Address	337 SHEFFIELD N
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	SHAIN, GAYLE
Address	330 SHEFFIELD N
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: ANN CONROY**PRESIDENT**

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date