

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743322

Entity Name: SHEFFIELD "F" CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**42 SILVER RD
C/O DENIS NANKERVIS
MASTIC BEACH, NY 11951**Current Mailing Address:**SHEFFIELD F C/O SEACREST SERVICES INC
2400 CENTERPARK W DR #175
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1818114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NANKERVIS, DENIS
146 SHEFFIELD F
WEST PALM BEACH , FL 33417 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:** DENIS NANKERVIS

05/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	NANKERVIS, DENIS
Address	42 SILVER RD
City-State-Zip:	MASTIC BEACH NY 11951

Title	S
Name	DAILEY, MICHAEL
Address	129 SHEFFIELD F
City-State-Zip:	WEST PALM BEACH FL 33417

Title	T
Name	POTTORFF, KENDALL
Address	1519 N OLIVE ROAD
City-State-Zip:	FLORA IL 62839

Title	VP
Name	WERTHER, ARTHUR
Address	137 SHEFFIELD F
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	ALBANO, MARION
Address	140 SHEFFIELD F
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	EAVES, CLIFFORD
Address	141 SHEFFIELD F
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	HECKELMAN, GERALD
Address	132 SHEFFIELD F
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: KENDALL POTTORFF**TREASURER**

05/06/2015

Electronic Signature of Signing Officer/Director Detail

Date