

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001521

**FILED  
Apr 14, 2015  
Secretary of State  
CC6989659286**

**Entity Name:** THE SHEFFIELD "P" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

381 SHEFFIELD P  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

SHEFFIELD P C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1622733

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HACKET, BARBARA  
381 SHEFFIELD P  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HACKETT, BARBARA A  
Address 381 SHEFFIELD P  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name HARLEY, NEIL  
Address 371 SHEFFIELD P  
City-State-Zip: WEST PALM BEACH FL 33417

Title T  
Name HACKETT, FRANCIS G  
Address 390 SHEFFIELD P  
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY  
Name HARLEY, CATHY  
Address 371 SHEFFIELD P  
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:** BARBARA HACKETT

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date