The above na	med entity submits this statement for the purpose of c	hanging its registered office or re	gistered agent, or both, in the State of	f Florid
SIGNATU	RE:			
	Electronic Signature of Registered Agen	t		
Officer/Di	rector Detail :			
Title	Р	Title	VP	
Name	HACKETT, BARBARA A	Name	HARLEY, NEIL	
Address	381 SHEFFIELD P	Address	371 SHEFFIELD P	

## **Current Mailing Address:**

WEST PALM BEACH, FL 33417

381 SHEFFIELD P

Title

Name

Address

City-State-Zip:

DOCUMENT# N9400001521

**Current Principal Place of Business:** 

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

#### FEI Number: 59-1622733

### Name and Address of Current Registered Agent:

HACKET, BARBARA 381 SHEFFIELD P WEST PALM BEACH, FL 33417 US

Т

HACKETT, FRANCIS G

WEST PALM BEACH FL 33417

390 SHEFFIELD P

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

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/14/2015

Date

Date

# FILED Apr 14, 2015 Secretary of State CC6989659286

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

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

Title

Name

Address

City-State-Zip:

SECRETARY

PRESIDENT

HARLEY, CATHY

371 SHEFFIELD P

WEST PALM BEACH FL 33417