

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001521

**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  
2101 CENTREPARK W DR #110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1622733

**Certificate of Status Desired:** No

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

HACKETT, 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:** BARBARA HACKETT

02/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HOFFMAN, KAREN  
Address 372 SHEFFIELD P  
City-State-Zip: WEST PALM BEACH FL 33417

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

Title DIRECTOR  
Name DIFRANCO, BARBARA  
Address 376 SHEFFIELD P  
City-State-Zip: WEST PALM BEACH FL 33417

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

Title SECRETARY  
Name DAVANT, DOTTIE  
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 - GT

**PRESIDENT**

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date