



FILED
Feb 14, 2008 8:00 am
Secretary of State

40

DOCUMENT # 742786						02-14-2008 90030 004 ****61.25			
1. Entity Name SHEFFIELD E CONDOMINIUM ASSOCIATION, INC.						40			
Principal Place of Business SHEFFIELD E #97 CV W PALM BCH., FL 33417		Mailing Address SHEFFIELD E #97 CV W PALM BCH., FL 33417							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)		4. FEI Number 59-2372696		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
FISHMAN, HYMAN SHEFFIELD E #97 WEST PALM BEACH, FL 33417						Name Ann Mellinger			
						Street Address (P.O. Box Number is Not Acceptable) 107 SHEFFIELD E			
						City West Palm Beach FL Zip Code 33417			
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____									
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST OLENICK, VIOLA SHEFFIELD E 109 CENVIL WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP SHEFFIELD E 104 CENVIL WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MELLINGER, ANN SHEFFIELD E 107 CENVIL WEST PALM BEACH, FL 33417		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MELLINGER, ANN SHEFFIELD E 107 CENVIL WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P FISHMAN, HYMAN SHEFFIELD E #97 CV WEST PALM BEACH, FL 33417		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FISHMAN, HYMAN SHEFFIELD E 97 CENVIL WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D KOSTES, BARNEY SHEFFIELD E 110 CV WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ZIVIAN, HARRY SHEFFIELD E 108 CENVIL WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GILSON, JACK SHEFFIELD E # 120 CV WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP ZIVIAN, HARRY SHEFFIELD E 108 CENVIL W. PALM BCH., FL 33417		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u>Ann Marie Mellinger</u> ANN MARIE MELLINGER 2/8/08 561 714-4435									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									