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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742787 (5)

1. Corporation Name

SHEFFIELD G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
160 SHEFFIELD . G CENTURY VILLAGE WEST PALM BEACH FL 33417 US	160 SHEFFIELD. G CENTURY VILLAGE WEST PALM BEACH FL 33417-1521 US

3. Date Incorporated or Qualified: 05/06/1978
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1840376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FANTASIA, MICHAEL
160 SHEFFIELD, G
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CUSTAUDIS, HELEN		1.2 NAME		
STREET ADDRESS	SHEFFIELD G-167 CEN VI		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FARRELL, CARMELLA		2.2 NAME	CLAIRE MIRSKY	
STREET ADDRESS	SHEFFIELD G-161, CEN VI		2.3 STREET ADDRESS	150 SHEFFIELD, G	
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	W P B, FL, 33417	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, LILI		3.2 NAME		
STREET ADDRESS	SHEFFIELD G-154 CEN VI		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FANTASIA, MICHAEL		4.2 NAME		
STREET ADDRESS	SHEFFIELD G-160, CEN VI		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, MILLIE		5.2 NAME		
STREET ADDRESS	8 HEFFIELD G-161 CEN VI		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FANTASIA, MICHAEL		6.2 NAME		
STREET ADDRESS	160 SHEFFIELD, G		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL FANTASIA Michael Fantasia Jan. 7, 1997 561-471-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038379