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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 05/06/1978

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 FANTASIA, MICHAEL Michael Fantasia JAN.4,1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	CUSTAUDIS, HELEN		1.2 NAME	MICHAEL FANTASIA	
STREET ADDRESS	SHEFFIELD G-167 CEN VI		1.3 STREET ADDRESS	SHEFFIELD G-160 CEN VI	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIRSKY, CLAIRE		2.2 NAME		
STREET ADDRESS	150 SHEFFIELD G		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE S	NADA TAUBER	☒ Change ☐ Addition
NAME	KLEIN, LILI		3.2 NAME	SHEFFIELD G-157 CEN VI	
STREET ADDRESS	SHEFFIELD G-154 CEN VI		3.3 STREET ADDRESS	W PALM BCH FL	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE PT	PT D	☒ Change ☐ Addition
NAME	FANTASIA, MICHAEL		4.2 NAME	MICHAEL FANTASIA	
STREET ADDRESS	SHEFFIELD G-160, CEN VI		4.3 STREET ADDRESS	SHEFFIELD G-160 CEN VI	
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP	W PALM BCH FL	
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	TMP	☒ Change ☐ Addition
NAME	FANTASIA, MICHAEL		6.2 NAME	FANTASIA, MICHAEL	
STREET ADDRESS	160 SHEFFIELD, G		6.3 STREET ADDRESS	160 SHEFFIELD, G	
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP	WEST PALM BEACH FL	

CR2E037 (10/97)

14. I 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.

561-471-7276

SIGNATURE: Michael Fantasia REQ MICHAEL FANTASIA JAN.4,1998