

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90089 026 ****61.25

DOCUMENT # 742787

1. Entity 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

00001773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

160 Sheffield-G

City & State

City & State

W P B

Zip

Country

Zip

Country

FL

PALM BEACH

33417

4. FEI Number

59-1840376

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SAME AS BEFORE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRSKY, CLAIRE 150 SHEFFIELD G WEST PALM BEACH FL 33417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDM FANTASIA, MICHAEL SHEFFIELD G-160, CEN VI W PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARRELL, MILLIE 8 HEFFIELD G-161 CEN VI WEST PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMP FANTASIA, MICHAEL 160 SHEFFIELD, G WEST PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

Michael Fantasia 561-471-7276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)