

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

01-16-2002 90251 012 ****61.25
 07-09-2002 90023 040 ****61.25

DOCUMENT # 742787

1. Entity Name

SHEFFIELD G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

160 SHEFFIELD . G
 160
 WEST PALM BEACH FL 33417
 US

Mailing Address

160 SHEFFIELD . G
 160
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

160 SHEFFIELD - G

3. Mailing Address

Suite, Apt. #, etc.

City & State

W.P.B.,

City & State

FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33417

Country

PALM B.

Zip

33417

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MICHAEL FANTASIA**

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

160 SHEFFIELD - G

City

W.P.B.,

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

Michael Fantasia

7-3-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE **VD** ☐ Delete
 NAME **MIRSKY, CLAIRE**
 STREET ADDRESS **150 SHEFFIELD G**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **PTDM** ☐ Delete
 NAME **FANTASIA, MICHAEL**
 STREET ADDRESS **SHEFFIELD G-160, CEN VI**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE **VD** ☒ Delete
 NAME **FARRELL, MILLIE**
 STREET ADDRESS **8 HEFFIELD G-161 CEN VI**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TMP** ☐ Delete
 NAME **FANTASIA, MICHAEL**
 STREET ADDRESS **160 SHEFFIELD, G**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **BD** ☐ Delete
 NAME **B.D.-CONRAD MERCIER**
 STREET ADDRESS **160 SHEFFIELD-G**
 CITY-ST-ZIP **W P B, FL, 33417**

TITLE **BD** ☐ Delete
 NAME **B.D.-LEONARD MEDARD**
 STREET ADDRESS **160 SHEFFIELD-G**
 CITY-ST-ZIP **W P B, FL, 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP-** ☐ Change ☐ Addition
 NAME **MIRSKY, CLAIRE**
 STREET ADDRESS **150 SHEFFIELD-G**
 CITY-ST-ZIP **W P B, FL, 33417**

TITLE **P-T.** ☐ Change ☐ Addition
 NAME **FANTASIA, MICHAEL**
 STREET ADDRESS **SHEFFIELD G-160, CEN VI**
 CITY-ST-ZIP **W P B, FL, 33417**

TITLE **VD.** ☐ Change ☐ Addition
 NAME **FARRELL, MILLIE**
 STREET ADDRESS **8 HEFFIELD G-161 CEN VI**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SELT, NADA TAUBER** ☒ Change ☐ Addition
 NAME **SHEFFIELD, 157**
 STREET ADDRESS **W P B, FL, 33417**

TITLE **BD** ☐ Change ☐ Addition
 NAME **BD-ADRIEN GIARD**
 STREET ADDRESS **160 SHEFFIELD-G**
 CITY-ST-ZIP **W P B, FL, 33417**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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*, July-3-02

CR2E037 (4/02)