

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90014 018 *****61.25

DOCUMENT # 742787 1. Entity Name SHEFFIELD G CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 157 SHEFFIELD G WEST PALM BEACH, FL 33417 US		Mailing Address 157 SHEFFIELD G WEST PALM BEACH, FL 33417 US	
2. Principal Place of Business <i>151 Sheffield G</i> Suite, Apt. #, etc.		3. Mailing Address <i>151 Sheffield G</i> Suite, Apt. #, etc.	
City & State <i>West Palm Beach, FL</i>		City & State <i>West Palm Beach, FL</i>	
Zip <i>33417</i>		Country <i>Palm Beach</i>	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAUBER, NADA 157 SHEFFIELD G WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name <i>Sheila Wallace</i> Street Address (P.O. Box Number is Not Acceptable) <i>151 Sheffield G</i> <i>West Palm Beach</i> City FL Zip Code <i>33417</i>	
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 <i>Sheila Wallace</i> DATE <i>7/07/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		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 P NAME FRED, CRAIG STREET ADDRESS SHEFFIELD G 152 CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE P NAME <i>Joe Luttenberger</i> STREET ADDRESS <i>Sheffield G 169</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FANTASIA, MICHAEL STREET ADDRESS SHEFFIELD G 160 CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE VP NAME <i>Wesley Lealston</i> STREET ADDRESS <i>Sheffield G 166</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LUTTENGERBER, JOE STREET ADDRESS 160 SHEFFIELD G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE Sec. Treas. NAME <i>Sheila Wallace</i> STREET ADDRESS <i>Sheffield G 151</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TMP. NAME TAUBER, NADA STREET ADDRESS SHEFFIELD 157 CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE BD. NAME <i>Joe Raybourne</i> STREET ADDRESS <i>Sheffield G 162</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME GIRARD, ADRIEN STREET ADDRESS 167 SHEFFIELD - G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE BD. NAME <i>Leonard Nadeau</i> STREET ADDRESS <i>164 Sheffield G</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME MERCIER, CONRAD STREET ADDRESS 163 SHEFFIELD G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE BD. NAME <i>Jerry Marenga</i> STREET ADDRESS <i>160 Sheffield G</i> CITY-ST-ZIP <i>West Palm Beach, FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sheila Wallace Sec. Treas.</i> DATE <i>7/07/04</i> DAYTIME PHONE # <i>561-683-6362</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			