

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90127 018 ****61.25

DOCUMENT # 742787

1. Entity Name

SHEFFIELD G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**160 SHEFFIELD G
WEST PALM BEACH FL 33417
US**

Mailing Address

**160 SHEFFIELD G
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business

157 SHEFFIELD G

3. Mailing Address

Same

Suite, Apt. #, etc.

**157
K. P. B**

Suite, Apt. #, etc.

Same

City & State

33417 PALM B.

City & State

Same

Zip

33417 PALM B.

Zip

33417 Same

Country

Same

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **NADA TAUBER**
Street Address (P.O. Box Number is Not Acceptable)
157 SHEFFIELD G
City **WEST P. BEACH 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 **Nada Tauber**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	☒ Delete
NAME	MIRSKY, CLAIRE	
STREET ADDRESS	150 SHEFFIELD G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PT	☒ Delete
NAME	FANTASIA, MICHAEL	
STREET ADDRESS	SHEFFIELD G-160, CEN VI	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	☒ Delete
NAME	CRAIG, FRED	
STREET ADDRESS	SHEFFIELD G-152	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TMP	☐ Delete
NAME	SELT, NADA TAUBER	
STREET ADDRESS	SHEFFIELD 157	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	BD	☒ Delete
NAME	GIRARD, ADRIEN	
STREET ADDRESS	167 SHEFFIELD - G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	BD	☒ Delete
NAME	MERCICA, CONRAD	
STREET ADDRESS	SHEFFIELD - G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CRAIG FRED	
STREET ADDRESS	SHEFFIELD G-152	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	FANTASIA MICHAEL	
STREET ADDRESS	SHEFFIELD G-160	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	JOE LUTTEN BERGER	
STREET ADDRESS	160 SHEFFIELD G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	NADA TAUBER	☒ Change ☐ Addition
NAME	TREASURER	
STREET ADDRESS	157 SHEFFIELD G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SECRETARY	☐ Change ☐ Addition
NAME	NADA TAUBER	
STREET ADDRESS	157 SHEFFIELD G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DO	☐ Change ☐ Addition
NAME	CONRAD MERCICA	
STREET ADDRESS	APT 167	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DO	☐ Change ☐ Addition
NAME	ADRIAN GIRARD	
STREET ADDRESS	APT 167	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DO	☐ Change ☐ Addition
NAME	LEONARD NADEAU	
STREET ADDRESS	APT 164	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DO	☐ Change ☐ Addition
NAME	JOE LUTTENBERGER	
STREET ADDRESS	APT 169	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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: **NADA TAUBER**
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nada Tauber
1/30/2003

Date

Daytime Phone #

CR2E037 (10/02)