


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90038 009 ****61.25

DOCUMENT # 742788	
1. Entity Name SHEFFIELD J CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business CENTURY VILLAGE WEST PALM BEACH, FL 33417	Mailing Address 242 SHEFFIELD J WEST PALM BEACH, FL 33417
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00011000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OSER, SAM PRES 242 SHEFFIELD J WEST PALM BEACH, FL 33417	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 SAM OSER, Pres. Sam Oser Apr. 8, 2007
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	<div> VD KAYE, DORIS 222 SHEFFIELD J WEST PALM BEACH, FL 33417 </div> <div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> PD OSER, SAM 242 SHEFFIELD J WEST PALM BEACH, FL </div> <div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> TD WOLK, JEAN 228 SHEFFIELD J WEST PALM BEACH, FL 33417 </div> <div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> S WOLK, NATALIE 229 SHEFFIELD J WEST PALM BEACH, FL 33417 </div> <div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete </div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> John Borzik - Vice Pres. 243 Sheffield J West Palm Beach, FL 33417 </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sam Oser (SAM OSER) Apr. 8 2007 (561) 689-3974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATT: TYRONE SCOTT