


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

2/14/

02-14-2006 90004 026 \*\*\*\*61.25

<b>DOCUMENT # 743050</b>			
1. Entity Name <b>SHEFFIELD N. CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>328 SHEFFIELD N. W. PALM BEACH, FL 33417</b> <i>Change to 321</i>		Mailing Address <b>SEACREST SERVICES INC. 2400 CENTRE PARK WEST DR., STE. 175 WEST PALM BEACH, FL 33409</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2367614</b>		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 <b>HOWE, LAWRENCE 321 SHEFFIELD N WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Lawrence H. Howe</i>		DATE <b>2/8/06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Max Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HOWE, LAWRENCE 321 SHEFFIELD N WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Jack Slattery 343 Sheffield N West Palm Beach, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GOLSTEIN, ELAINE 328 SHEFFIELD N. W. PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TOWLE, DORIS 342 SHEFFIELD N WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD JONES, SUSAN 337 SHEFFIELD N WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JASPER, HERMAN <i>change to 344</i> 341 SHEFFIELD N WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Ruth Siegel <i>Addition</i> 324 Sheffield N West Palm Beach, FL 33417 <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lawrence H. Howe</i>		DATE <b>2/8/06</b> (561) 842-4888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	



ATTACHMENT  
1610003438  
RECEIVED FEB 27 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

SHEFFIELD N CONDOMINIUM ASSOCIATION, INC.  
SEACREST SERVICES INC.  
2400 CENTRE PARK WEST DR., STE. 175  
WEST PALM BEACH, FL 33409

Subject: **SHEFFIELD N CONDOMINIUM ASSOCIATION, INC.**

Reference Number:

743050

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION