

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743050

FILED
Feb 15, 2010
Secretary of State

Entity Name: SHEFFIELD N CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

321 SHEFFIELD N
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

SEACREST SERVICES INC.
2400 CENTREPARK W DR # 175
WEST PALM BEACH, FL 33409 US

New Mailing Address:

321 SHEFFIELD N
WEST PALM BEACH, FL 33417 US

FEI Number: 59-2367614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, LAWRENCE
321 SHEFFIELD N
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: HOWE, LAWRENCE N
Address: 321 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP
Name: COLE, RICHARD
Address: 338 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T
Name: GOLDSTEIN, ELAINE
Address: 328 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: CONROY, ANN
Address: 333 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: SLATTERY, JOHN
Address: 343 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: DRZEWIECKI, JOSEPH
Address: 337 SHEFFIELD N
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE N. HOWE

P

02/15/2010

Electronic Signature of Signing Officer or Director

_____ Date