

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756263

FILED
Apr 13, 2011
Secretary of State

Entity Name: SHEFFIELD WOODS AT WELLINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13065 ALBRIGHT CT.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O CMC MGMT
2950 JOG RD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-2072312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: PD
Name: KAPLAN, JAY
Address: 13009 ODESSA TRAIL, #21
City-St-Zip: WELLINGTON, FL 33414 US

Title: VTD
Name: WESSON, DAN
Address: 13155 CHADWICK COURT, #23
City-St-Zip: WELLINGTON, FL 33414 US

Title: SD
Name: DISALVO, MARIE
Address: 12979 PENNYPACKER TRAIL, #23
City-St-Zip: WELLINGTON, FL 33414 US

Title: D
Name: HARRIS, PAULETTE
Address: 13165 CHADWICK COURT, #25
City-St-Zip: WELLINGTON, FL 33414 US

Title: D
Name: TOMASEK, ANDREA
Address: 13075 ALBRIGHT COURT, #30
City-St-Zip: WELLINGTON, FL 33414 US

Title: D
Name: TELLO, FERNANDO
Address: 13135 CHADWICK COURT, #5
City-St-Zip: WELLINGTON, FL 33414 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: JAY KAPLAN

PD

04/13/2011

Electronic Signature of Signing Officer or Director

Date