

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17375

1. Entity Name

SHEFFIELD L CONDOMINIUM ASSOCIATION, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90047 019 \*\*\*\*61.25

Principal Place of Business

C/O RUTH BERNHARD - DREISS  
291 SHEFFIELD L  
WEST PALM BEACH FL 33417  
US

Mailing Address

C/O RUTH BERNHARD - DREISS  
291 SHEFFIELD L 86 PLYMOUTH K  
WEST PALM BEACH FL 33417-1538  
US

2. Principal Place of Business

SHEFFIELD L  
Suite, Apt. #, etc.

3. Mailing Address

86 PLYMOUTH K, WPB.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W. PALM BEACH, FL 33417

City & State

W. PALM BEACH, FL 33417

4. FEI Number

59-1784844

Applied For

Not Applied For

Zip

33417

Country

USA

Zip

33417

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNHARD-DREISS, RUTH  
BERNHARD, RUTH  
SHEFFIELD L-291 86 PLYMOUTH K  
WEST PALM BEACH FL 33417

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.

SIGNATURE

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNHARD, RUTH	
STREET ADDRESS	SHEFFIELD L-291	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MITTLER, CHARLOTTE	
STREET ADDRESS	269 SHEFFIELD L	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYARSKY, EVA	
STREET ADDRESS	SHEFFIELD L-287	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINCENT, GIOIA	
STREET ADDRESS	SHEFFIELD L-291	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, FLORENCE	
STREET ADDRESS	289 SHEFFIELD L	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAGNER, TILLIE	
STREET ADDRESS	274 SHEFFIELD L	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH BERNHARD DREISS, PRES.	
STREET ADDRESS	86 PLYMOUTH K	
CITY-ST-ZIP	W. PALM BEACH, FL. 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ruth Bernhard Dreiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

561-712-0784

Daytime Phone #