
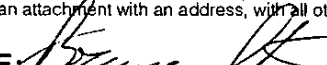


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90137 034 \*\*\*\*61.25

<b>DOCUMENT # N17375</b> 1. Entity Name <b>SHEFFIELD L CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>C/O BRUNO STANISCI 287 SHEFFIELD L WEST PALM BEACH FL 33417 US</b>		Mailing Address <b>C/O BRUNO STANISCI 287 SHEFFIELD L WEST PALM BEACH FL 33417 US</b>
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409</b>	
6. Name and Address of Current Registered Agent <b>STANISCI, BRUNO 287 SHEFFIELD L 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 <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NUNZIELLA, ANTHONY</b> <b>279 SHEFFIELD L</b> <b>WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STANISCI, BRUNO</b> <b>287 SHEFFIELD L</b> <b>WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIMONS, ESTHER</b> <b>280 SHEFFIELD L</b> <b>WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>GRANICH, SONDR</b> <b>276 SHEFFIELD L</b> <b>WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WAGNER, TILLIE</b> <b>274 SHEFFIELD L</b> <b>WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>LEVY, IRMA</b> <b>293 SHEFFIELD L</b> <b>WEST PALM BEACH FL 33417</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>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.</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>SIGNATURE</b>  <b>BRUNO B. STANISCI</b> <b>4-25-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		TITLE NAME STREET ADDRESS CITY-ST-ZIP



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1784844** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BRUNO B. STANISCI** Date **4-25-05** Daytime Phone #