


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 031 ****61.25

DOCUMENT # N17375 1. Entity Name SHEFFIELD L CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BRUNO STANISCI 287 SHEFFIELD L WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SERVICES, INC 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # Guy Lebric Suite, Apt. #, etc. 292 Sheffield L		3. Mailing Address Suite, Apt. #, etc. 			
City & State W. PALM BEACH FL		City & State 		4. FEI Number 59-1784844	
Zip 33417		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANISCI, BRUNO 287 SHEFFIELD L WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name Guy Lebric Street Address (P.O. Box Number is Not Acceptable) 292 Sheffield L 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNZIELLA, ANTHONY 279 SHEFFIELD L WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guy Lebric 292 Sheffield L 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANISCI, BRUNO 287 SHEFFIELD L WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMONS, ESTHER 280 SHEFFIELD L 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	B KLEIN, VIBEKE 291 SHEFFIELD LN WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harry Liggett 238 Sheffield L West Palm Beach FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B COTE, TERESA 271 SHEFFIELD LN WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruno Stanisci 287 Sheffield L West Palm Beach FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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: <u>Esther Simons</u> <u>Esther Simons</u> <u>4/1/07</u> <u>361-697-3611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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