

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 JUL 10 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38780 (5)**  
1. Corporation Name  
**SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**SHEFFIELD Q - CV  
W PALM BCH FL 33417  
US**

Mailing Address  
**Shirley Epstein  
397  
421 SHEFFIELD Q - CV  
W PALM BCH FL 33417  
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/22/1990**  
3a. Date of Last Report: **02/24/1994**

4. FEI Number: **59-2359970**  
Applied For:   
Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent  
**FONDREN, ROBERT L  
421 SHEFFIELD Q - CV  
W PALM BCH FL 33417**

10. Name and Address of New Registered Agent  
**Shirley Epstein Pres  
397 Sheffield Q  
W. P. B. FL. 33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Shirley Epstein Pres* DATE: **7/2/95**

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | PD                              |
| NAME            | <del>FONDREN, ROBERT</del>      |
| STREET ADDRESS  | <del>421 SHEFFIELD Q</del>      |
| CITY - ST - ZIP | <del>W. PALM BEACH FL</del>     |
| TITLE           | VD                              |
| NAME            | EPSTEIN, NOAH                   |
| STREET ADDRESS  | 397 SHEFFIELD Q - CV            |
| CITY - ST - ZIP | W PALM BCH FL                   |
| TITLE           | SD                              |
| NAME            | <del>KANE, PHYLLIS</del>        |
| STREET ADDRESS  | <del>420 SHEFFIELD Q - CV</del> |
| CITY - ST - ZIP | <del>W-PALM BCH FL</del>        |
| TITLE           | TQ                              |
| NAME            | EPSTEIN, SHIRLEY W.             |
| STREET ADDRESS  | SHEFFIELD Q-397                 |
| CITY - ST - ZIP | W. PALM BEACH FL.               |
| TITLE           | D                               |
| NAME            | <del>BIRNBACK, MATTIE</del>     |
| STREET ADDRESS  | <del>406 SHEFFIELD Q</del>      |
| CITY - ST - ZIP | <del>W. PALM BEACH FL</del>     |
| TITLE           | D                               |
| NAME            | <del>GLAZER, EVALYN</del>       |
| STREET ADDRESS  | <del>310 SHEFFIELD Q - CV</del> |
| CITY - ST - ZIP | <del>W PALM BCH FL</del>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | <b>Phyllis Kane</b>  |
| 4.3 STREET ADDRESS  | <b>420 Sheffield Q</b>   |
| 4.4 CITY - ST - ZIP | <b>W.P.B. FL. 33417</b>  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | <b>George Waltzman</b>   |
| 5.3 STREET ADDRESS  | <b>407 Sheffield Q</b>   |
| 5.4 CITY - ST - ZIP | <b>W. P. B. FL.</b>  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | <b>Delete</b>  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley Epstein* DATE: **6/17/95** TIME: **(407) 689-7477**

CR2E037 (3/95)