## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

,	1997	97 DIVISION OF CORPORATIONS		IONS		otar y	OI S	iaio		
	MENT #	N3878		(5)						
SHEFF	ield a con	idominium as	SOCIATION,		TRI ILIII GON GILII	DIOIS DIÓS DEOLEGI	(1) ( A) ( ( ) ( ) ( ) ( ) ( )			
Principal Plac	e of Business		Mailing Ad	dress	4.	1 1		9 <b>9</b> 3 (913) 98)( 919)) (		DIL BEDIE LODE
SHEFFIELD Q · CV % ROBERT L FONDBEN						ley Epste	Jr.			
W PALM BCH (   US	FL 33417		421 SHEFFU W PALM BO	HT FL 38417-1	1550 347	Skeffiel	49			
			118	. /	1361	BEL	3. Date Incorporated or Qu 06/22/1990	alified 3a. (	Date of Last R 03/22/19	
2. Principal P	lace of Business		2a. Mailing	Address	Pare	23417-1	6. FEI Number		<del></del>	plied For
21		26			59-2359970		<del></del>	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desi	red 🔲	\$8.75			
City & State	9	27   City & S	late			6. Election Campaign Finar	cinn	Fee Re \$5.00	<del></del>	
23		28	· · · · · · · · · · · · · · · · · · ·			1rust Fund Contribution		Added t		
Zip Country			Zip	h ' h '			8. This corporation has liab			199.032,
24	9 Name and	Address of Curren	29 L Begistered An	ent	30		Florida Statutes  10. Name and Address of I	Yes	<del></del>	
	G. HALING GIR	71001000	· rrogionarios rig		В	1 Name	TO, HALING BING ANGIOSES OF T	ion riogiatore	Agont	
EPSTEIN, SHIRLEY 82 Street Address							ess (P.O. Box Number is Not A	centable)		
397 SHEFFIELD							COS (1 .O. DOX NUMBER 15 NOT 76			
WEST P	alm beach f			8:	3					
					4 City		FI	<b>85</b> Zip 0	Code	
11. Pursuant	to the provisions	of Sections 617.050	2 and 617.1508.	Florida Statu	ites, the abo	ve-named corp	oration submits this statement f	or the purpose	ol changing its	s registered
office or re agent. I a	egistered agent. m familiar with, a	or both, in the State and accept the obliga	of Florida. Such itions of, Section	change was 617.0503, F	authorized t Torida Statuti	by the corporatios.	ion's board of directors. I hereb	y accept the ap	pointment as	registered
SIGNATURE										
12.	Signature, typed or pr	nted name of registered ager OFFICERS AND		(NC	13.	gent signature requir	ed when reinstating) ADDITIONS/CHANGES 10	DATE O OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	P			DELETE	1.1 TITLE				Change	Addition
NAME	EPSTEIN, S				1.2 NAME					
STREET ADDRESS	WEST DALLA BEAGILE			1.3 STREET						] [
CITY-ST-ZIP TITLE	VD VD	M DEAUTI FL		DELETE	1.4 CITY - 2.1 TITLE			·	Change	Addition
NAME	EPSTEIN, N	OAH	•		2 2 NAME	ł			viidilge	
STREET ADDRESS				23 STREET ADDRESS		ET ADDRESS				
CITY-ST-ZIP	W PALM BO	H FL			2.4 CITY					
TITLE	S ODOGG EL	OD4	L	DELETE	3.1 TITLE				L Change	Addition
NAME Street address	GROSS, FL 402 SHEFF				3.2 NAME	1 ADDRESS				
CITY-ST-ZIP		BEACH FL			3.4. CHTY					
TITLE	D			DELETE	4.1 THLE				Change	Addition
NAME	KANE, PHY				4. 2 NAM	E J				]
STREET ADDRESS	402 SHEFF					1 ADDRESS				
CITY-ST-ZIP TITLE	D D	I BEACH FL		DELETE	4.4 CITY - 5.1 TITLE				Change	Addition
NAME	WELTZMAN	. GEORGE			5.2 NAME	ĺ			Change	
STREET ADDRESS	207 SHEFF					T ADDRESS				Ì
CITY-ST-ZIP	WEST PALA	BEACH FL			5.4 CITY-	S1 - ZIP				
TITLE				DELETÉ	6.1 TITLE		<del></del> -		☐ Change	Addition
NAME OTOGET ADDRESS					6.2 NAME					
STREET ADDRESS						ET ADDRESS				
14. I do hereb	y certify that the	information supplied	with this filing d	loes not qua	6.4 City- lify for the ex	emption stated	in Section 119.07(3)(i), Florida	Statutes. I furth	er certify that t	the
information I am an of appears ir	n Indicated on th ficer or director n Block 12 or Blo	ns annual report of the corporation or it is a single of the corporation or ick 13 if changed, or	upptomental ann the receiver or tr on applitachmer	ual report is rustee anpor nt with an ac	true and acc wered to exe Idress.	curate and that cute this epor	my signature shall have the sar t as required by Chapter 617, F	ne legal effect a lorida Statutes;	is if made und and that my n	ler oath; that ame

**FILED** 

Apr 15 1997 8:00am

Secretary of State