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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

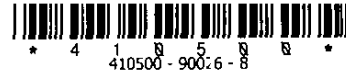


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38780

1. Corporation Name

SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

SHEFFIELD Q - CV
W PALM BCH FL 33417
US

Mailing Address

397 EPSTEIN, SHIRLEY
207 SHEFFIELD
W PALM BCH FL 33417-1550
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

3. Date Incorporated or Qualified

06/22/1990

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

9. Name and Address of Current Registered Agent

EPSTEIN, SHIRLEY
397 SHEFFIELD
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT DELETE
NAME EPSTEIN, SHIRLEY
STREET ADDRESS 397 SHEFFIELD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD DELETE
NAME EPSTEIN, NOAH
STREET ADDRESS 397 SHEFFIELD Q - CV
CITY-ST-ZIP W PALM BCH FL

TITLE S DELETE
NAME GROSS, FLORA
STREET ADDRESS 402 SHEFFIELD Q
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D DELETE
NAME FISHER, ANN
STREET ADDRESS 413 SHEFFIELD Q
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D DELETE
NAME WEITZMAN, GEORGE
STREET ADDRESS 207 SHEFFIELD Q
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D DELETE
NAME VAN ALLEN, JOAN
STREET ADDRESS 398 SHEFFIELD Q
CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley Epstein

1/4/99 (561) 689-7479

CR2E037 (11/98)