

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006511

FILED
Jan 10, 2006
Secretary of State

Entity Name: SHEFFIELD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3502204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, ROBERT
Address: 4104 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: ABELSON, CHARLES
Address: 4168 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: ZAMBOLDI, ROBERT
Address: 4232 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: MCMULLEN, BUD
Address: 4280 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: NELSON, WAYNE
Address: 4056 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MASON

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date