

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17375

Entity Name: SHEFFIELD L CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**292 SHEFFIELD L
WEST PALM BEACH, FL 33417**Current Mailing Address:**SHEFFIELD L C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1784844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RENUART, RENEE
SIEGFRIED, RIVERA, LERNER, DELATORRE & SOBEL P.A.
201 ALMAMBRA UNIT 1102
CORAL GABLES, FL 33134 US*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:** RENEE RENUART

02/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LABRIE, GUY
Address 292 SHEFFIELD L
City-State-Zip: WEST PALM BEACH FL 33417

Title VP, SECRETARY
Name JOZOKOS, KATHLEEN
Address 286 SHEFFIELD L
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name DUBE, JEAN SERGE
Address 273 SHEFFIELD L
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name SERPELLINI, MARIO
Address 284 SHEFFIELD L
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name MANFREDI, THOMMASO
Address 289 SHEFFIELD L
City-State-Zip: WEST PALM BEACH FL 33417

I hereby 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 all other like empowered.

SIGNATURE: GUY LABRIE

PRESIDENT

02/16/2018

Electronic Signature of Signing Officer/Director Detail

Date