

**2020 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  
2101 CENTREPARK W DR #110  
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1784844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, LERNER, SIEGFRIED, OELATORRE & SOBEL PA  
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:** GUY LABRIE

02/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	VP
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	SECRETARY
Name	CHORNYAK, WENDIE
Address	281 SHEFFIELD L
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	STEINNEGEL, ROBERT
Address	293 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 - GT

PRESIDENT

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date