


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90050 018 \*\*\*\*61.25

<b>DOCUMENT # N18748</b> 1. Entity Name <b>SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SHEFFIELD K 268 WEST PALM BEACH, FL 33417</b>			Mailing Address <b>SHEFFIELD K 268 WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2253489</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STOCK, BRYNA SHEFFIELD K 268 WEST PALM BEACH, FL 33417</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOCK, BRYNA	NAME			
STREET ADDRESS	SHEFFIELD K-268	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORMAN, EVELYN	NAME			
STREET ADDRESS	SHEFFIELD K-254	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROOSEVELT, SALLY	NAME			
STREET ADDRESS	SHEFFIELD K 248	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH, FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, HELEN	NAME			
STREET ADDRESS	255 SHEFFIELD STE K	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BCH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, ALLAN	NAME			
STREET ADDRESS	245 SHUFFOLD K	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIESZ, DORA	NAME			
STREET ADDRESS	SHEFFIELD K-253	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>BRYNA Stock/Bryna Stock</u> 3/12/05 561-683-5706</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					