

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90205 020 \*\*\*\*61.25

<b>DOCUMENT # N19527</b> 1. Entity Name <b>SHEFFIELD M CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>310 SHEFFIELD M APT M310 W. PALM BEACH, FL 33417</b>			Mailing Address <b>310 SHEFFIELD M APT M310 W. PALM BEACH, FL 33417</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2389387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CROWLEY, EARL D 310 SHEFFIELD M W. PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name <b>DOLORES CROWLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>310 SHEFFIELD M</b> City <b>W PALM BEACH</b> <b>FL</b> Zip Code <b>33417</b>	
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 <u><b>DOLORES CROWLEY/CO-PRESIDENT Dolores Crowley</b></u> <u><b>4-24-06</b></u> <small>Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAUYIN, JOSEPH</b> <b>314 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANIFF, ARLENE</b> <b>316 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COPD</b> <b>CARROLL, WILLIAM</b> <b>311 SHEFFIELD M</b> <b>W. PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELSIE GRABOIS</b> <b>303 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENO, RICHARD</b> <b>307 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CROWLEY, EARL</b> <b>310 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULMAN, AL</b> <b>317 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KLIEMAN, THEODORE</b> <b>297 SHEFFIELD M</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P T D</b> <b>KLIEMAN, THEODORE</b> <b>297 SHEFFIELD M</b> <b>WEST PALM BEACH FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CROWLEY, DOLORES</b> <b>310 SHEFFIELD M</b> <b>W. PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COPSD</b> <b>CROWLEY, DOLORES</b> <b>310 SHEFFIELD M</b> <b>WEST PALM BEACH FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:</b> <u><b>Dolores Crowley/CO-PRESIDENT/</b></u> <u><b>4-24-06</b></u> <u><b>(561)684-9456</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #</small>					