

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18748 (6)**  
1. Corporation Name  
**SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>SHEFFIELD K 266 WEST PALM BEACH FL 33417</b>	Mailing Address <b>SHEFFIELD K 266 WEST PALM BEACH FL 33417</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/14/1987</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-2253489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**LPOFSKY, LEONARD  
SHEFFIELD K 266  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Leonards Lipofsky)  
Signature of Leonards Lipofsky and title (if applicable) \_\_\_\_\_  
(NOTE: Registered Agent Signature required when changing) \_\_\_\_\_  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P LPOFSKY, LEONARD SHEFFIELD K 266 WEST PALM BEACH FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V CASTRO, MARTIN SHEFFIELD K 249 WEST PALM BEACH FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S GOODMAN, CLAIRE 247 SHEFFIELD K WEST PALM BCH FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>W WARREN, ROSALIE SHEFFIELD K-245 WEST-PALM BEACH FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCHUBIDER, HELEN 255 SHEFFIELD K WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D ROSOFSKY, RUBIN SHEFFIELD K 262 WEST PALM BEACH FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D KELLER-DAVID SHEFFIELD K-251 WEST-PALM BEACH FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ARNOLD BURK WITT 251 SHEFFIELD K WEST PALM BEACH, FL 33417</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonards Lipofsky (Signature)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
DATE: 4/20/95 (Date)