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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18748 (6)

1. Corporation Name

SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

SHEFFIELD K 266  
WEST PALM BEACH FL 33417

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WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified  
01/14/1987

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2253489

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPOFSKY, LEONARD  
SHEFFIELD K 266  
WEST PALM BEACH FL 33417

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME LIPOFSKY, LEONARD  
STREET ADDRESS SHEFFIELD K 266  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME CASTRO, MARTIN  
STREET ADDRESS SHEFFIELD K 249  
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME GOODMAN, CLAIRE  
STREET ADDRESS 247 SHEFFIELD K  
CITY-ST-ZIP WEST PALM BCH FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME SCHNEIDER, HELEN  
STREET ADDRESS 255 SHEFFIELD STE K  
CITY-ST-ZIP W. PALM BCH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ROSOFSKY, RUBIN  
STREET ADDRESS SHEFFIELD K 262  
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BURKWITT, ARNOLD  
STREET ADDRESS 255 SHEFFIELD, STE K  
CITY-ST-ZIP W. PALM BCH FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

*Leonard Lipofsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/96*  
DATE  
*561-471-9247*  
PHONE NUMBER

CR2E037 (9/96)