


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 SHEFFIELD K 266 WEST PALM BEACH FL 33417			Mailing Address SHEFFIELD K 266 WEST PALM BEACH FL 33417		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2253489	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIPOFSKY, 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPOFSKY, LEONARD		1.2 NAME		
STREET ADDRESS	SHEFFIELD K 266		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRO, MARTIN		2.2 NAME		
STREET ADDRESS	SHEFFIELD K 249		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, CLAIRE		3.2 NAME		
STREET ADDRESS	247 SHEFFIELD K		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, HELEN		4.2 NAME		
STREET ADDRESS	255 SHEFFIELD STE K		4.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSOFKY, RUBIN		5.2 NAME		
STREET ADDRESS	SHEFFIELD K 262		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKWITT, ARNOLD		6.2 NAME		
STREET ADDRESS	255 SHEFFIELD, STE K		6.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL		6.4 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE REQUIRED

1/13/98 (561) 471-9247

CRE037 (10/97)