


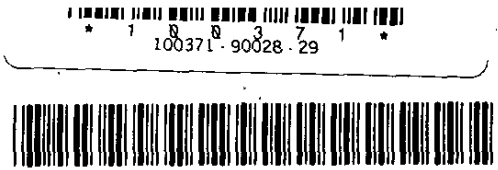
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90028 029 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N18748</b>					
1. Corporation Name <b>SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SHEFFIELD K 266</b> <b>WEST PALM BEACH FL 33417</b>			Mailing Address <b>SHEFFIELD K 266</b> <b>WEST PALM BEACH FL 33417</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>01/14/1987</b>	
4. FEI Number <b>59-2253489</b>		Applied For 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					
9. Name and Address of Current Registered Agent <b>LIPOFSKY, LEONARD</b> <b>SHEFFIELD K 266</b> <b>WEST PALM BEACH FL 33417</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>LIPOFSKY, LEONARD</b>			1.2 NAME			
STREET ADDRESS	<b>SHEFFIELD K 266</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CASTRO, MARTIN</b>			2.2 NAME			
STREET ADDRESS	<b>SHEFFIELD K 249</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GOODMAN, CLAIRE</b>			3.2 NAME			
STREET ADDRESS	<b>247 SHEFFIELD K</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SCHNEIDER, HELEN</b>			4.2 NAME			
STREET ADDRESS	<b>255 SHEFFIELD STE K</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BCH FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ROSOFKY, RUBIN</b>			5.2 NAME			
STREET ADDRESS	<b>SHEFFIELD K 262</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BURKWITT, ARNOLD</b>			6.2 NAME			
STREET ADDRESS	<b>255 SHEFFIELD, STE K</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BCH FL</b>			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

*Signature of Leon Lipofsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

471-9247

Date

Daytime Phone #

CR2E037 (1/98)