

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90077 047 ****61.25

DOCUMENT # N18748

1. Entity Name

SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SHEFFIELD K 266
 WEST PALM BEACH FL 33417

SHEFFIELD K 266
 WEST PALM BEACH FL 33417-1534

200007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2253489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPOFSKY, LEONARD
SHEFFIELD K 266
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LIPOFSKY, LEONARD	
STREET ADDRESS	SHEFFIELD K 266	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, MARTIN	
STREET ADDRESS	SHEFFIELD K 249	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOCK, BRYNA	
STREET ADDRESS	268 SHEFFIELD K	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHNEIDER, HELEN	
STREET ADDRESS	255 SHEFFIELD STE K	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSOFSKY, RUBIN	
STREET ADDRESS	SHEFFIELD K 262	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, SOL	
STREET ADDRESS	255 SHEFFIELD K	
CITY-ST-ZIP	W. PALM BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHLEEN MAR SALLA	
STREET ADDRESS	250 SHEFFIELD K	
CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY ROOSEVELT	
STREET ADDRESS	248 SHEFFIELD K	
CITY-ST-ZIP	W. PALM BEACH, FL, 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

LEONARD LIPOFSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

471-9247

Daytime Phone #