

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90060 032 ****61.25

0003782

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**

00025510



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

TITLE Change Addition

TITLE Delete
 NAME **VP MARSALA, CATHLEEN**
 STREET ADDRESS **750 SHEFFIELD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME **VP MARSALA, CATHLEEN**
 STREET ADDRESS **750 SHEFFIELD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Delete
 NAME **S STOCK, BRYNA**
 STREET ADDRESS **268 SHEFFIELD K**
 CITY-ST-ZIP **WEST PALM BCH FL**

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete
 NAME **D ROOSEVELT, SALLY**
 STREET ADDRESS **248 SHEFFIELD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition

TITLE Delete
 NAME **D SCHNEIDER, SOL**
 STREET ADDRESS **255 SHEFFIELD K**
 CITY-ST-ZIP **W. PALM BCH FL**

TITLE Change Addition
 NAME **CHRIS. MARSALA**
 STREET ADDRESS **253 SHEFFIELD K**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

1/5/01
 Date

561-471-9247
 Daytime Phone #

CR2E037 (10/00)