

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90140 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2253489**

Applied For

Not Applicable

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LIPOFSKY, LEONARD</b>	
STREET ADDRESS	<b>SHEFFIELD K 266</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARSALA, CATHLEEN</b>	
STREET ADDRESS	<b>250 SHEFFIELD K</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STOCK, BRYNA</b>	
STREET ADDRESS	<b>268 SHEFFIELD K</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDER, HELEN</b>	
STREET ADDRESS	<b>255 SHEFFIELD STE K</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROOSEVELT, SALLY</b>	
STREET ADDRESS	<b>248 SHEFFIELD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARSALA, CHRIS</b>	
STREET ADDRESS	<b>253 SHEFFIELD K</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)