


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90031 031 \*\*\*\*61.25

**DOCUMENT # N18748**

1. Entity Name  
 SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 SHEFFIELD K 268  
 WEST PALM BEACH, FL 33417

Mailing Address  
 SHEFFIELD K 268  
 WEST PALM BEACH, FL 33417

**54023620**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03032004 Chg-NP CR2E037 (10/03)

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  
 STOCK, BRYNA  
 SHEFFIELD K 268  
 WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCK, BRYNA			NAME			
STREET ADDRESS	SHEFFIELD K-268			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORMAN, EVELYN			NAME			
STREET ADDRESS	SHEFFIELD K-254			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROOSEVELT, SALLY			NAME	ALLAN Cooper		
STREET ADDRESS	SHEFFIELD K 248			STREET ADDRESS	245 Sheffield K		
CITY-ST-ZIP	WEST PALM BCH, FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, HELEN			NAME	Darry Helger		
STREET ADDRESS	255 SHEFFIELD STE K			STREET ADDRESS	246 Sheffield K		
CITY-ST-ZIP	W. PALM BCH, FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIPOFSLEY, LEONARD			NAME	Hancy Kessler		
STREET ADDRESS	SHEFFIELD K-266			STREET ADDRESS	252 Sheffield K		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WUSZ, BORA			NAME	DORA Weisz		
STREET ADDRESS	SHEFFIELD K-253			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			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:** Bryna Stock / BRYNA Stock 3-7-04 683-5706  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #