

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



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

TITLE	P	<input type="checkbox"/> Delete
NAME	STOCK, BRYNA	
STREET ADDRESS	SHEFFIELD K-268	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORMAN, EVELYN	
STREET ADDRESS	SHEFFIELD K-254	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROOSEVELT, SALLY	
STREET ADDRESS	SHEFFIELD K 248	
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	LIPOFSLEY, LEONARD	
STREET ADDRESS	SHEFFIELD K-266	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	WUSZ, BORA	
STREET ADDRESS	SHEFFIELD K-253	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN Cooper	
STREET ADDRESS	245 Sheffield K	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darry Helger	
STREET ADDRESS	246 Sheffield K	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dancy Kessler	
STREET ADDRESS	252 Sheffield K	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORA Weiss	
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:

Bryna Stock / *BRYNA Stock* 3-7-04 683-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #