


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 034 ****61.25

DOCUMENT # N18748
 1. Entity Name
SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
SHEFFIELD K 268 **SHEFFIELD K 268**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2253489 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/06)

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 *Bryna Stock* / BRYNA Stock - Pres. 2-8-07
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
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STOCK, BRYNA SHEFFIELD K-268 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FORMAN, EVELYN SHEFFIELD K-254 WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ROOSEVELT, SALLY SHEFFIELD K 248 WEST PALM BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SCHNEIDER, HELEN 255 SHEFFIELD STE K W. PALM BCH FL <i>deseased</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CRUISE, PETER 207 SHEFFIELD K WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WIESZ, DORA SHEFFIELD K-253 WEST PALM BEACH FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Steenback, Peggy</i> <i>267 SHEFFIELD K</i> <i>W. PALM Bch. FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CRUISE, PETER</i> <i>257 Sheffield K</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-8-07 683-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #