

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18748

**Entity Name:** SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 JOG ROAD  
GREENACRES, FL 33467

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC7283969446**

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number: 59-2253489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KONYK, & LEMME  
777 S FLAGLER DR  
SUITE 800 - WEST TOWER  
WEST PALM BEACH, FL 33401 US

*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: KONYK & LEMME** **04/09/2018**  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title VP, SECRETARY  
Name STOCK, BRYNA  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title D  
Name ORTIZ, KILCHA  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title PRESIDENT  
Name MARZIGLIANO, DANIE L  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title SECRETARY  
Name CRUISE, CHRISTINE  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title TREASURER  
Name MARZIGLIANO, ANTHONY  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title DIRECTOR  
Name MANARIK, JAMES  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title DIRECTOR  
Name ZIMMERMAN, PAULA  
Address C/O CMC MANAGEMENT  
2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIE L MARZIGLIANO** **PRESIDENT** **04/09/2018**  
Electronic Signature of Signing Officer/Director Detail Date