



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90446 002 \*\*\*\*70.00

<b>DOCUMENT # 742785</b> 1. Entity Name <b>SHEFFIELD D CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>95 SHEFFIELD D</b> <b>WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>95 SHEFFIELD D</b> <b>WEST PALM BEACH, FL 33417 US</b>		
2. Principal Place of Business - No P.O. Box # <b>76 SHEFFIELD D</b>		3. Mailing Address <b>76 SHEFFIELD D</b>		<b>40090949</b> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03212007 Chg-NP CR2E037 (12/06)	
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>59-1779645</b>	
Zip <b>33417</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GOMLING, HARVEY</b> <b>95 SHEFFIELD D</b> <b>WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent Name <b>LEON ARONSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 SHEFFIELD D</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33417</b>			
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 <u><i>Leon Aronson, Treasurer</i></u> <b>4-25-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CUTLER, ALAN</b> <input type="checkbox"/> Delete <b>94 SHEFFIELD D</b> <b>WEST PALM BEACH, FL 33417</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GOMLING, HARVEY L</b> <input checked="" type="checkbox"/> Delete <b>95 SHEFFIELD D</b> <b>WEST PALM BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEON ARONSON</b> <b>76 SHEFFIELD D</b> <b>WEST PALM BEACH FL 33417-1559</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KELLY, JAMES</b> <input type="checkbox"/> Delete <b>87 SHEFFIELD D</b> <b>WEST PALM BEACH, FL 33417</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>KURAS, NORMA</b> <input checked="" type="checkbox"/> Delete <b>85 SHEFFIELD D</b> <b>WEST PALM BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADRIENNE TAIEB</b> <b>73 SHEFFIELD D</b> <b>WEST PALM BEACH FL 33417</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 Chapter 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: <u><i>Leon Aronson</i></u> <b>LEON ARONSON, TREASURER</b> <b>4-25-07</b> <b>561-640-2783</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					