

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90025 016 ****61.25



DOCUMENT # 742786		1. Entity Name SHEFFIELD E CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business SHEFFIELD E #99 CV W PALM BCH., FL 33417		Mailing Address SHEFFIELD E #99 CV W PALM BCH., FL 33417	
2. Principal Place of Business SHEFFIELD E #97 CV		3. Mailing Address SHEFFIELD E #97 CV	
Suite, Apt. #. etc.		Suite, Apt. #. etc.	
City & State W. PALM BEACH FL		City & State W. PALM BEACH FL	
Zip 33417	Country USA	Zip 33417	Country USA
4. FEI Number 59-2372696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEUTCHMAN, JOSEPH SHEFFIELD E 99 WEST PALM BEACH, FL 33417		Name FISHMAN, HYMAN	
		Street Address (P.O. Box Number is Not Acceptable) SHEFFIELD E #97	
		City WEST PALM BEACH FL Zip Code 33417	
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 <i>Hyman Fishman</i>		HYMAN FISHMAN	
Signature (Typed or printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating.)	
DATE 1/23/06			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P DEUTCHMAN, JOSEPH SHEFFIELD E 99 CEN VIL W PALM BCH., FL 00000. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FISHMAN, HYMAN SHEFFIELD E #97 CV WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLENICK, VIOLA SHEFFIELD E 109 CEN VIL W PALM BCH., FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KRIEGER, MOLLY SHEFFIELD E #98 CV WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, HYMAN SHEFFIELD E 102 CV WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GILSON, JACK SHEFFIELD E #120 CV WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTES, BARNEY SHEFFIELD E 110 CV WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MELLINGER, ANN SHEFFIELD E #107 CV WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISCIA, VINCENT SHEFFIELD E 119 CV W. PALM BCH., FL <input checked="" 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	VP ZIVIAN, HARRY SHEFFIELD E 108 CENVIL W. PALM BCH., FL 33417 <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: <i>Hyman Fishman</i>		HYMAN FISHMAN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1/23/06	
		561-471-8830	
		City/No Phone #	