


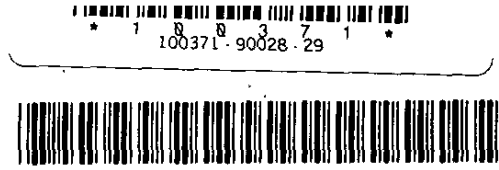
FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N18748 1. Corporation Name SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business SHEFFIELD K 266 WEST PALM BEACH FL 33417	Mailing Address SHEFFIELD K 266 WEST PALM BEACH FL 33417	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2253489
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

LIPOFSKY, LEONARD SHEFFIELD K 266 WEST PALM BEACH FL 33417	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPOFSKY, LEONARD	1.2 NAME	
STREET ADDRESS	SHEFFIELD K 266	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, MARTIN	2.2 NAME	
STREET ADDRESS	SHEFFIELD K 249	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S BRYNA STOCK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, CLAIRE	3.2 NAME	268 SHEFFIELD K
STREET ADDRESS	247 SHEFFIELD K	3.3 STREET ADDRESS	W. PALM BEACH
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	FL, 33417
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, HELEN	4.2 NAME	
STREET ADDRESS	255 SHEFFIELD STE K	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSOFKY, RUBIN	5.2 NAME	
STREET ADDRESS	SHEFFIELD K 262	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D SOL SCHNEIDER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKWITT, ARNOLD	6.2 NAME	255 SHEFFIELD K
STREET ADDRESS	255 SHEFFIELD, STE K	6.3 STREET ADDRESS	W. PALM BEACH, FL, 33417
CITY-ST-ZIP	W. PALM BCH FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard Lipofsky* 1/4/99 471-9247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)