

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 WEST PALM BEACH FL 33417 **SHEFFIELD K 268 WEST PALM BEACH FL 33417**

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **59-2253489** Applied For Not Applicable

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



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

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