

# 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 #

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

STOCK, BRYNA  
SHEFFIELD K 268  
WEST PALM BEACH FL 33417

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME STOCK, BRYNA  
STREET ADDRESS SHEFFIELD K-268  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME FORMAN, EVELYN  
STREET ADDRESS SHEFFIELD K-254  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME ROOSEVELT, SALLY  
STREET ADDRESS SHEFFIELD K 248  
CITY-ST-ZIP WEST PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME SCHNEIDER, HELEN  
STREET ADDRESS 255 SHEFFIELD STE K  
CITY-ST-ZIP W. PALM BCH FL *deceased*

TITLE ☐ Change ☒ Addition  
NAME *Steenback, Peggy*  
STREET ADDRESS *267 SHEFFIELD K*  
CITY-ST-ZIP *W. PALM Bch. FL*

TITLE D ☐ Delete  
NAME CRUISE, PETER  
STREET ADDRESS 207 SHEFFIELD K  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☒ Addition  
NAME *CRUISE, PETER*  
STREET ADDRESS *257 Sheffield K*  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WIESZ, DORA  
STREET ADDRESS SHEFFIELD K-253  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #