

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18748

FILED
Mar 06, 2009
Secretary of State

Entity Name: SHEFFIELD K CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SHEFFIELD K 268
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

SHEFFIELD K 268
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-2253489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCK, BRYNA
SHEFFIELD K 268
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOCK, BRYNA
Address: SHEFFIELD K-268
City-St-Zip: WEST PALM BEACH, FL

Title: VP () Delete
Name: FORMAN, EVELYN
Address: SHEFFIELD K-254
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S () Delete
Name: ROOSEVELT, SALLY
Address: SHEFFIELD K 248
City-St-Zip: WEST PALM BCH, FL

Title: T () Delete
Name: STEENBUCK, PEGGY
Address: 267 SHEFFIELD K
City-St-Zip: W. PALM BCH, FL

Title: D () Delete
Name: CRUISE, PETER
Address: 257 SHEFFIELD K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: WIESZ, DORA
Address: SHEFFIELD K-253
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYNA STOCK

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date