


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90046 007 ****70.00

DOCUMENT # N38780

1. Entity Name
SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
SHEFFIELD Q
W PALM BCH, FL 33417 US

Mailing Address
397 SHEFFIELD Q
WEST PALM BEACH, FL 33417 US

50060394



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
408 SHEFFIELD Q

Suite, Apt. #, etc.

07272005 Chg-NP CR2E037 (10/03)

City & State
WEST PALM BEACH, FL.

4. FEI Number
59-2359970

Applied For
 Not Applicable

Zip
33417-1548

Country
US

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

6. Name and Address of Current Registered Agent
EPSTEIN, SHIRLEY
397 SHEFFIELD Q
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
 Name **SCHIELE, FRANK**
 Street Address (P.O. Box Number is Not Acceptable) **408 SHEFFIELD Q**
 City **WEST PALM BEACH FL** Zip Code **33417-1548**

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 FRANK J. Schiele Frank J. Schiele Aug 3, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PT EPSTEIN, SHIRLEY 397 SHEFFIELD WEST PALM BEACH, FL 334171547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHIELE, FRANK 408 SHEFFIELD Q WEST PALM BEACH, FL 334171547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAGUNA, SYLVIA 409 SHEFFIELD Q WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANE, PHYLLIS 420 SHEFFIELD Q WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINKIS, STANLEY 402 SHEFFIELD Q WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRELLE, FRANCOIS 406 SHEFFIELD Q WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D SCHIELE, FRANK 408 SHEFFIELD Q WEST PALM BEACH, FL. 33417-1548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINKIS, STANLEY 402 SHEFFIELD Q WEST PALM BEACH, FL. 33417-1548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D WALTERS, MARION 405 SHEFFIELD Q WEST PALM BEACH, FL 33417, 1548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, TOM 410 SHEFFIELD Q WEST PALM BEACH, FL. 33417-1548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCIARONE, TIM 412 SHEFFIELD Q WEST PALM BEACH, FL. 33417-1548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINEE, BURTON 406 SHEFFIELD Q WEST PALM BEACH, FL. 33417-1548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MARLON WALTERS Marlon Walters Aug 3, 2005 (561) 615-9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY