

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90039 025 \*\*\*\*70.00



**DOCUMENT # N38780**  
1. Entity Name  
**SHEFFIELD Q CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
SHEFFIELD Q  
W PALM BCH FL 33417  
US 408 SHEFFIELD Q  
WEST PALM BEACH FL 33419-1548  
US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2359970** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHIELE, FRANK**  
**408 SHEFFIELD Q**  
**WEST PALM BEACH FL 33417-1548**

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 *Frank Schiele* DATE *Feb-1-2006*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHIELE, FRANK<br>408 SHEFFIELD Q<br>WEST PALM BEACH FL 33417-1548 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HINKIS, STANLEY<br>402 SHEFFIELD Q<br>WEST PALM BEACH FL 33417-1548 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WALTERS, MARION<br>405 SHEFFIELD Q<br>WEST PALM BEACH FL 33417-1548 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KANE, PHYLLIS<br>420 SHEFFIELD Q<br>WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TUCCARONE, TIM<br>412 SHEFFIELD Q<br>WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROOT, TOM<br>410 SHEFFIELD Q<br>WEST PALM BEACH FL 33417-1548 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CHARLOTTE ROOT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>410 SHEFFIELD Q<br>WEST PALM BCH, FL. 33417-1548 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BURTON GUINER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>416 SHEFFIELD Q<br>WEST PALM BCH, FL. 33417-1548  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ED SANTIAGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>423 SHEFFIELD Q<br>WEST PALM BEACH, FL. 33417-1548  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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 use empowered.

SIGNATURE: *Frank Schiele* FRANK Schiele 2-1-06-561-687-5493