

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742800 (6)
1. Corporation Name
SUSSEX H CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:07

Principal Place of Business Mailing Address
141 SUSSEX H 141 SUSSEX H
W PALM BCH. FL 33417 W PALM BCH. FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 02/24/1994
4. FEI Number 59-1636160	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

ROSENBLUM, MIRIAM
SUSSEX H 141
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ROSENBLUM, MIRIAM	1.2 NAME	
STREET ADDRESS	SUSSEX H-141, CENT VILL	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZEIGER, MINNIE	2.2 NAME	
STREET ADDRESS	SUSSEX H-159, CENT VILL	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BURGER, SALLY	3.2 NAME	
STREET ADDRESS	SUSSEX H-157, CENT VILL	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	3.4 CITY - ST - ZIP	
TITLE	A	4.1 TITLE	☐ Change ☐ Addition
NAME	FELDHEIM, DAVID	4.2 NAME	A
STREET ADDRESS	SUSSEX H-150 CENT VILL	4.3 STREET ADDRESS	MOLLIE KANTOR
CITY - ST - ZIP	WEST PALM BEACH, FL00000	4.4 CITY - ST - ZIP	SUSSEX H 147 CENT. VILL.
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	FELDHEIM, DOROTHY	5.2 NAME	WEST PALM BEACH FL
STREET ADDRESS	SUSSEX H-150, CENT VILL	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sally Burger Treasurer

(Signature and typed name of signing officer or director)

2-4-95

689-3347

(Date)

(Telephone Number)