

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742800 (6)

1. Corporation Name

SUSSEX H CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **05/08/1978**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-1636160**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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 (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 617.0502 and 617.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and agree to the provisions of, Sections 617.0502, Florida Statutes.

SIGNATURE: *Sally Burger* (Signature of person or persons of registered agent and state if applicable) INCL. Registered Agent signature (date when first corp) *Sally Burger* DATE: *2-17-96*

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, MIRIAM	
STREET ADDRESS	SUSSEX H-141, CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZEIGER, MINNIE	
STREET ADDRESS	SUSSEX H-159, CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURGER, SALLY	
STREET ADDRESS	SUSSEX H-157, CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	
TITLE	A	<input type="checkbox"/> DELETE
NAME	KANTOR, MOLLIE	
STREET ADDRESS	SUSSEX H 147 CENT VILL	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELDHEIM, DOROTHY	
STREET ADDRESS	SUSSEX H-150, CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SECRETARY
23 STREET ADDRESS	SIDNEY FRANK
24 CITY-ST-ZIP	144 SUSSEX H WEST PALM BEACH FL 33417
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AD KAN TOR MOLLIE
43 STREET ADDRESS	SUSSEX H 147 CENT VILL
44 CITY-ST-ZIP	W. PALM BEACH FL
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400001772744
63 STREET ADDRESS	-04/08/96--01084--025
64 CITY-ST-ZIP	***61.25

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 trustee empowered to execute this report as required by Chapter 617, 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* DATE: *2-17-96* PHONE: *689-3347*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

PM 4-8-96