

DOCUMENT # 742800

1. Entity Name

SUSSEX H CONDOMINIUM ASSOCIATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-04-2000 90008 013 ****69.00

Principal Place of Business 141 SUSSEX H W PALM BCH. FL 33417	Mailing Address 141 SUSSEX H W PALM BCH. FL 33417-1346
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1636160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIBLE, F P
 141 SUSSEX H
 WEST PALM BEACH FL 33417

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE P	NAME WIBLE, F P	
STREET ADDRESS 141 SUSSEX H		
CITY-ST-ZIP WEST PALM BEACH FL 33417		
TITLE SD	NAME SIDNEY, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS 144 SUSSEX H		
CITY-ST-ZIP WEST-PALM BEACH FL 33417		
TITLE TD	NAME BURGER, SALLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 157 SUSSEX H		
CITY-ST-ZIP WEST PALM BEACH FL 33417		
TITLE VP	NAME SIMONS, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS 159 SUSSEX H		
CITY-ST-ZIP WEST PALM BEACH FL		
TITLE VP	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE TREASURER	NAME FRED PARILLO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 151 SUSSEX H			
CITY-ST-ZIP W.P.B. FLA 33417			
TITLE VICE PRESIDENT	NAME KLAUS SCHRAPTER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 160 SUSSEX H			
CITY-ST-ZIP W.P.B. FLA. 33417			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE RECEIVABLE 2/24/00 561 689-4358
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)