

DOCUMENT # 742800

1. Entity 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 33417-1346

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1636160

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WIBLE, F P	
STREET ADDRESS	141 SUSSEX H	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SIDNEY, FRANK	
STREET ADDRESS	144 SUSSEX H	
CITY-ST-ZIP	WEST-PALM BEACH FL 33417	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURGER, SALLY	
STREET ADDRESS	157 SUSSEX H	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMONS, EDWARD	
STREET ADDRESS	159 SUSSEX H	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED PARILLO	
STREET ADDRESS	151 SUSSEX H	
CITY-ST-ZIP	W.P.B. FLA 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUS SCHRAPTER	
STREET ADDRESS	160 SUSSEX H	
CITY-ST-ZIP	W.P.B. FLA. 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

561

685-689-4358

Daytime Phone #

CR2E037 (9/99)