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Apr 22 1997 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769971
1. Corporation Name
Sussex Place Home Owners Association

Principal Place of Business Mailing Address
1310 Sophie Blvd 1310 Sophie Blvd
Orlando, FL 32828 Orlando, FL 32828

Registered - Change of Address
Change of Directors

3. Date Incorporated or Qualified: Aug 24, 1983
3a. Date of Last Report: 1997
4. FEI Number: 59-243-3587
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032: Yes No

9. Name and Address of Current Registered Agent: Peter R. Lorie, 716 W. Rnewood Ct., Lake Mary, FL
10. Name and Address of New Registered Agent: Tracy Post, 1065 Sophie Blvd, Orlando, FL 32828

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Tracy Post, DATE: 4/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Max Sullivan
STREET ADDRESS		1.3 STREET ADDRESS	1513 Sophie Blvd
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Tracy Post
STREET ADDRESS		2.3 STREET ADDRESS	1065 Sophie Blvd
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DGE Abernathy
STREET ADDRESS		3.3 STREET ADDRESS	1406 Sophie Blvd
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	500002152785
CITY - ST - ZIP		6.4 CITY - ST - ZIP	-04/24/97--01001--015

14. I do 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 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: Max Sullivan, DATE: 4/17/97, 407-853-0600

CR2E037 (9/96)