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Feb 22, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769971

1. Corporation Name

SUSSEX PLACE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1316 SOPHIE BLVD  
ORLANDO FL 32828  
US

Mailing Address

1316 SOPHIE BLVD  
ORLANDO FL 32828  
US

93167 90034 25



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/24/1983
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2433587
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WELLS, DIANE  
1518 SOPHIE BLVD  
ORLANDO FL 32828

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	SULLIVAN, MAX	1.2 NAME	Diana Wells
STREET ADDRESS	1513 SOPHIE BLVD	1.3 STREET ADDRESS	1518 Sophie Blvd.
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	VPD	2.1 TITLE	VP/D
NAME	WELLS, DIANA	2.2 NAME	Joyce Totten
STREET ADDRESS	1518 SOPHIE BLVD	2.3 STREET ADDRESS	1246 Sophie Blvd.
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	TD	3.1 TITLE	S/D
NAME	MARTINO, JOHN	3.2 NAME	Dolores Abernathy
STREET ADDRESS	1357 FLOWERS POINT	3.3 STREET ADDRESS	1406 Sophie Blvd.
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	D	4.1 TITLE	T
NAME	ABERNATHY, DEE	4.2 NAME	John Martino
STREET ADDRESS	1406 SOPHIE BLVD	4.3 STREET ADDRESS	1357 Flowers Pointe
CITY-ST-ZIP	ORLANDO FL 32828	4.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	D	5.1 TITLE	D
NAME	TOTTER, JOYCE	5.2 NAME	Max Sullivan
STREET ADDRESS	1256 SOPHIE BLVD	5.3 STREET ADDRESS	1513 Sophie Blvd.
CITY-ST-ZIP	ORLANDO FL 32828	5.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Susan Martin
STREET ADDRESS		6.3 STREET ADDRESS	1448 Sophie Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32828

14. 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 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, with all other like empowered.

SIGNATURE:

*Dolores Abernathy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 13, 1998

CR2E037 (11/98)