


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90083 048 \*\*\*\*61.25

<b>DOCUMENT # 769971</b> 1. Entity 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					
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 59-2433587			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WELLS, DIANE 1518 SOPHIE BLVD ORLANDO, FL 32828			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	P/D		
NAME	YOUNES, EDWARD J			NAME	YOUNES, EDWARD J		
STREET ADDRESS	1518 SOPHIE BLVD			STREET ADDRESS	1332 SOPHIE BLVD		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	ORLANDO, FL 32828		
TITLE	D	<input type="checkbox"/> Delete		TITLE	T		
NAME	MARTINO, JOHN			NAME	MARTINO, JOHN		
STREET ADDRESS	1437 SOPHIE BLVD			STREET ADDRESS	1357 FLOWERS POINTE LANE		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	D	<input type="checkbox"/> Delete		TITLE			
NAME	ABERNATHY, DOROTHY			NAME			
STREET ADDRESS	1406 SOPHIE BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S/D		
NAME	MELLENDEZ, JUAN			NAME	RUDELL, KAY		
STREET ADDRESS	1257 SOPHIE BLVD			STREET ADDRESS	1506 SOPHIE BLVD		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	ORLANDO, FL 32828		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D		
NAME	CINTRON, ALMA			NAME	CINTRON, JAIME		
STREET ADDRESS	1437 SOPHIE BLVD			STREET ADDRESS	1437 SOPHIE BLVD		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	ORLANDO, FL 32828		
TITLE	D	<input type="checkbox"/> Delete		TITLE	V/D		
NAME	WELLS, DIANE			NAME			
STREET ADDRESS	1518 SOPHIE BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			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: _____		JOHN MARTINO _____		1-27-04 407-282-3977			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

54001952



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2433587

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNES, EDWARD J	
STREET ADDRESS	1518 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINO, JOHN	
STREET ADDRESS	1437 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABERNATHY, DOROTHY	
STREET ADDRESS	1406 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MELLENDEZ, JUAN	
STREET ADDRESS	1257 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CINTRON, ALMA	
STREET ADDRESS	1437 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, DIANE	
STREET ADDRESS	1518 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNES, EDWARD J	
STREET ADDRESS	1332 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, JOHN	
STREET ADDRESS	1357 FLOWERS POINTE LANE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDELL, KAY	
STREET ADDRESS	1506 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINTRON, JAIME	
STREET ADDRESS	1437 SOPHIE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	V/D	<input checked="" 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: \_\_\_\_\_ JOHN MARTINO \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #