

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90074 026 \*\*\*\*61.25

**DOCUMENT # N31637**

1. Entity Name

**SUSSEX D CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

69 SUSSEX D  
 SUSSEX D 69  
 WEST PALM BEACH FL 33417  
 US

69 SUSSEX D  
 SUSSEX D 69  
 WEST PALM BEACH FL 33417  
 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

**59-1750468**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MORRIS**  
**SUSSEX D 69**  
**WEST PALM BEACH FL 33417**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD HARVEY YACHNOWITZ	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	84 SUSSEX DIR W. PALM BEACH FL	
TITLE NAME	PD ROCCO MINGIONE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	83 SUSSEX DR WEST PALM BEACH FL 33417	
TITLE NAME	TD CHARLACK, SAM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	SUSSEX D 76 W. PALM BEACH FL	
TITLE NAME	SD MILLER, MORRIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	SUSSEX D 69 WEST PALM BEACH FL 33417-1339	
TITLE NAME	D PHILIPPE BLAIR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	77 SUSSEX D WEST PALM BCH FL	
TITLE NAME	D JOE BONFIGLIO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	SUSSEX D 80 WEST PALM BEACH FL 33417	

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

**SAMUEL CHARLACK - TREASURER**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001

(601) 689-2658

Date

Daytime Phone #

CR2E037 (10/00)