


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31637</b> 1. Entity Name SUSSEX D CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 69 SUSSEX D SUSSEX D 69 WEST PALM BEACH FL 33417 US		Mailing Address 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
6. Name and Address of Current Registered Agent		4. FEI Number <b>59-1750468</b>	
MILLER, MORRIS SUSSEX D 69 WEST PALM BEACH FL 33417		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD HARVEY YACHNOWITZ	TITLE	
NAME		NAME	
STREET ADDRESS	84 SUSSEX DIR	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD ROCCO MINGIONE	TITLE	
NAME		NAME	
STREET ADDRESS	83 SUSSEX DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD CHARLACK, SAM	TITLE	
NAME		NAME	
STREET ADDRESS	SUSSEX D 76	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MILLER, MORRIS	TITLE	
NAME		NAME	
STREET ADDRESS	SUSSEX D 69	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1339	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BONFIGLIO, JOE	TITLE	
NAME		NAME	
STREET ADDRESS	SUSSEX D80	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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MOORE CR2E037 (11/03)

4. FEI Number **59-1750468**

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

**FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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02/11/04-90075-014 61.25

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:** (SAMUEL CHARLACK) Samuel Charlack 2/9/04 689-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #