


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90027 010 \*\*\*\*61.25

**DOCUMENT # N31637**  
 1. Entity Name  
**SUSSEX D CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**69 SUSSEX D**      **69 SUSSEX D**  
**SUSSEX D 69**      **SUSSEX D 69**  
**WEST PALM BEACH FL 33417**      **WEST PALM BEACH FL 33417**  
**US**      **US**

40000330



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
*SUSSEX D CONDO ASSN*      *76 SUSSEX D*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*76 SUSSEX D*

City & State      City & State  
*WEST PALM BEACH FL*      *WEST PALM BEACH*

Zip      Country      Zip      Country  
*33417*      *U.S.*      *33417*      *U.S.*

4. FEI Number      Applied For  
**59-1750468**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILLER, MORRIS**  
**SUSSEX D 69**  
**WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent  
 Name      *SAM CHARLACK*  
 Street Address (P.O. Box Number is Not Acceptable)  
*76 SUSSEX D*  
 City      State      Zip Code  
*WEST PALM BEACH*      **FL**      *33417*

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      *Sam Charlack*      *SAM CHARLACK*      *1/20/05*  
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**  
**Due By May 1, 2005**

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	VPD	<input type="checkbox"/> Delete
NAME	HARVEY YACHNOWITZ	
STREET ADDRESS	84 SUSSEX DIR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROCCO MINGIONE	
STREET ADDRESS	83 SUSSEX DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHARLACK, SAM	
STREET ADDRESS	SUSSEX D 76	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, MORRIS	
STREET ADDRESS	SUSSEX D 69	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1339	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONFIGLIO, JOE	
STREET ADDRESS	SUSSEX D80	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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:** *SAM CHARLACK*      *Sam Charlack*      *1/20/05*      *561-689-2658*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #