

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90022 010 ****61.25



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

Principal Place of Business Mailing Address
 SUSSEX D CONDO #8— SUSSEX D CONDO #8—
 SUSSEX D 69 SUSSEX D 69
 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417
 US US



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

1st MOORE CR2E037 (10/05)

City & State City & State
WEST PALM BEACH FL **WEST PALM BEACH FL**
 Zip Country Zip Country
33417-1339 PALM BEACH **33417-1339 PALM BEACH**

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
CHARLACK, SAM
76 SUSSEX D
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 33417-1339

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* DATE **1/25/06**
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, 2006

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 exemptions contained in Section 119, 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)* DATE **1/25/06** PHONE **(561) 684-2658**