

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90030 031 ****61.25



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

Principal Place of Business 76 SUSSEX D WEST PALM BEACH FL 33417 US	Mailing Address 76 SUSSEX D WEST PALM BEACH FL 33417 US
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2. Principal Place of Business - No P.O. Box # <i>SUSSEX D COND ASSOC INC</i>	3. Mailing Address <i>76 SUSSEX D</i>
Suite, Apt. #, etc. <i>76 SUSSEX D</i>	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State <i>WEST PALM BEACH - FL</i>	City & State <i>WEST PALM BEACH FL</i>	4. FEI Number 59-1750468	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33417</i>	Zip <i>33417</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country <i>PALM BEACH</i>	Country <i>PALM BEACH</i>		

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME: VPD HARVEY YACHNOWITZ STREET ADDRESS: 84 SUSSEX DR CITY-STATE-ZIP: W. PALM BEACH FL	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PD ROCCO MINGIONE STREET ADDRESS: 83 SUSSEX DR CITY-STATE-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TD CHARLACK, SAM STREET ADDRESS: SUSSEX D 76 CITY-STATE-ZIP: W. PALM BEACH FL	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SD MILLER, MORRIS STREET ADDRESS: SUSSEX D 69 CITY-STATE-ZIP: WEST PALM BEACH FL 33417-1339	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D BONFIGLIO, JOE STREET ADDRESS: SUSSEX D80 CITY-STATE-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *1/19/07* *561-684-2658*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR