


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90022 044 \*\*\*\*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**

40050501



2. Principal Place of Business - No P.O. Box #  
**79 SUSSEX D**  
 Suite, Apt. #, etc.  
**West Palm Beach, FL**  
 City & State

3. Mailing Address  
**79 SUSSEX D**  
 Suite, Apt. #, etc.  
**West Palm Beach, FL**  
 City & State

Zip **33417** Country  
 Zip **33417** Country

01232008 Chg-NP CR2E037 (12/06)

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  
**CHARLACK, SAM**  
**76 SUSSEX D**  
**WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent  
 Name  
**MARY ANN KELLY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**79 SUSSEX D**  
**West Palm Beach,**  
 City **FL** Zip Code **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 Mary Ann Kelly / Mary Ann Kelly DATE 3-3-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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 DR	
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 checked="" type="checkbox"/> Delete
NAME	CHARLACK, SAM	
STREET ADDRESS	SUSSEX D 76	
CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MORRIS	
STREET ADDRESS	SUSSEX D 69	
CITY-ST-ZIP	WEST PALM BEACH, FL 334171339	
TITLE	D	<input checked="" 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	Chairwoman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN KELLY	
STREET ADDRESS	79 SUSSEX D	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	Jean Miller, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	69 SUSSEX D	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	Maria Bonfiglio, Delegate	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SUSSEX D	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	Delegate	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Diamante	
STREET ADDRESS	73 SUSSEX D	
CITY-ST-ZIP	West Palm Beach, FL 33417	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mary Ann Kelly / Mary Ann Kelly Date 3-3-08 Daytime Phone # (561) 688-2664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR