FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



* FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742801

(4)

Mailing Address

SUSSEX M CONDOMINIUM ASSOCIATION, INC.

FILED Feb 04 1998 8:00am Secretary of State



Suite, Apt. 22 City & Stat	H FL 33417 lace of Business #, etc	CENTURY VILLAGE SUSSEX M264 W PALM BEACH FL 3341 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State	ISSEX M264 PALM BEACH FL 33417 Mailling Address Suite, Apt. #, etc.			3. Date Incorporated or Qualified 05/08/1978 4. FEI Number Applied For 59-1642188 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	able	
Zip	Country	Zip Country				Yes No		
24	25 29 30			-, -		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	ł	
	9. Name and Address of Curren	1777	1001	10. Name and Address of New Registered Agent			\neg	
					81 Name			
DOHERTY, NANCY				82 Street Address (P.O. Box Number is Not Acceptable)				
	(M 264 C.V.		dz. Siest Ad		OLEGIA	dutiess (F.O. Box Namber is Not Acceptable)		
W. PALI	M BEACH FL 33417			83			\neg	
				84	City	₽. 85 Zip Code		
					J.1.,	P=L } '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or reg stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent aignature required when rehatating) DATE								
12.	CFFICERS ANI		13.	u Age	nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	DELETE	1.1 Ti	TLE		Change Addi	ition	
NAME	GROSSYAN, JEANNI	** , ,	1.2 N		f			
STREET ADDRESS	247 SUSSEX	•	1,3 STREET ADE		ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-Z				1	
TITLE	PD DELETE			2.1 TITLE		Change Addil	tion	
NAME	DOHERTY, NANCY		2.2 NAME					
STREET ADDRESS	264 SUSSEX		2.3 STREET ADDRE		ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		2. 4 CIT		T-ZIP		- 1	
TITLE	SD DELETE			3.1 TITLE		Change Addi	tlon	
NAME	ABRAMS, LYN			3.2 NAME			Ī	
STREET ADDRESS	264 SUSSEX		3.3 STREET ADOR		ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		3.4. C	3.4. CITY-ST-ZIP				
TITLE	TD • DELETE			4.1 TITLE		Change Addit	tion	
NAME	ARASON, JUDY			4. 2 NAME			Į	
STREET ADDRESS			4.3 ST	4.3 STREET ADDRESS			- 1	
CITY-ST-ZIP	W PALM BEACH FL		4.4 CI	4.4 CITY-ST-ZIP				
TITLE	Į		5.1 TF	5.1 TITLE		Change Addit	iion	
NAME			5.2 N/					
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		-ZIP			
TITLE		☐ DELETE				Change Addit	поп	
NAME			6.2 NA					
STREET ADDRESS					ADDRESS		ļ	
CITY-ST-ZIP 6.41 14. I hereby certify that the information supplied with this filling does not qualify for the experimental or the experimental of the experimental o					i-ZIP	in Section 119 07/3Vi) Florida Statuton I further certify that the Information	<u></u>	
indicated	on this annual report or suppliemental	annual report is true and ac	curate and	i tha	t my signs	sture shall have the same legal effect as if made under path; that I am an	[

In hereby deather information supplied with this ming does not quality for the exemption stated in section 13.07(3)(f), notice statutes. Hother certify that it am an indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

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