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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742801

1. Corporation Name

SUSSEX M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY VILLAGE
SUSSEX M264
W PALM BEACH FL 33417
US

Mailing Address

CENTURY VILLAGE
SUSSEX M264
W PALM BEACH FL 33417
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/08/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1642188

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOHERTY, NANCY
SUSSEX M 264 C.V.
W. PALM BEACH FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME GROSSMAN, JEMINI
STREET ADDRESS 247 SUSSEX
CITY-ST-ZIP W PALM BEACH FL
Regina Felper 261 Sussex M W Palm Beach Fla

DELETE

TITLE PD
NAME DOHERTY, NANCY
STREET ADDRESS 264 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

DELETE

TITLE SD
NAME ABRAMS, LYN
STREET ADDRESS 264 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

DELETE

TITLE TD
NAME ARASON, JUDY
STREET ADDRESS 249 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Doherty 5 Jan 99

CR2E037 (11/98)