

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90166 012 \*\*\*\*61.25

**DOCUMENT # 742801**

1. Entity 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

*Century Village*  
 Suite, Apt. #, etc.  
*242 Sussex m*

3. Mailing Address

*Century Village*  
 Suite, Apt. #, etc.  
*242 Sussex m*

City & State

*West Palm Beach FL*  
 Zip *33417* Country *US*

City & State

*West Palm Beach*  
 Zip *33417* Country *U.S.*

4. FEI Number

**59-1642188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Lynn Abrams*  
 Street Address (P.O. Box Number is Not Acceptable) *242 Sussex m C.V.*  
 City *West Palm Beach* 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.

SIGNATURE *Lynn Abrams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Lynn Abrams* *1/15/01*

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE *VPD* ☐ Delete  
 NAME *FELPER, REGINA*  
 STREET ADDRESS *261 SUSSEX*  
 CITY-ST-ZIP *W PALM BEACH FL*

TITLE *PD* ☐ Delete  
 NAME *ABRAMS, LYNN*  
 STREET ADDRESS *264 SUSSEX*  
 CITY-ST-ZIP *W PALM BEACH FL*

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *1ST VPD* ☐ Change ☐ Addition  
 NAME *FELPER, REGINA*  
 STREET ADDRESS *261 SUSSEX m*  
 CITY-ST-ZIP *West Palm Beach, FL*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *SD* ☒ Change ☐ Addition  
 NAME *Macy Robyn*  
 STREET ADDRESS *254 SUSSEX m*  
 CITY-ST-ZIP *West Palm Beach, FL 33417*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *2nd VAD* ☐ Change ☒ Addition  
 NAME *KACHICK, mary*  
 STREET ADDRESS *260 SUSSEX m*  
 CITY-ST-ZIP *West Palm Beach, FL 33417*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Lynn Abrams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/01 301-686-7995*  
 Date Daytime Phone #

CR2E037 (10/00)