


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 046 ****61.25

DOCUMENT # 742801 1. Entity Name SUSSEX M CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CENTURY VILLAGE 242 SUSSEX M W PALM BEACH FL 33417 US			Mailing Address CENTURY VILLAGE 242 SUSSEX M W PALM BEACH FL 33417 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1642188	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, LYNN Emily M. 242 SUSSEX M CV W. PALM BEACH FL 33417				7. Name and Address of New Registered Agent Name Abraham's Emily M. Street Address (P.O. Box Number is Not Acceptable) 242 SUSSEX M 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Emily M. Abrams, Pres.</u> <u>Emily M. Abrams</u> <u>7/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAMA, LYNN 242 SUSSEX M WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Emily M. Abrams 242 SUSSEX M WPA FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAMS, LYNN 242 SUSSEX M WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Barbara Wersbecker 262 SUSSEX M WPA FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP ABRAMS, ROBERT 242 SUSSEX M WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Marilyn Michaud 264 SUSSEX M WPA FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARASON, JUDY 249 SUSSEX M WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LACHICK, MARY 260 SUSSEX M WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Mary Lachick 260 SUSSEX M WPA FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARMSON, JUDY 249 SUSSEX M WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE TREASURER JUDY GRONSON 249 SUSSEX M WPA 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: <u>Emily M. Abrams</u> <u>Emily M. Abrams</u> <u>7/20/06</u>					