

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 050 ****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 - No P.O. Box #

CENTURY VILLAGE

Suite, Apt. #, etc.

245 SUSSEX M

City & State

W. PALM BEACH, FL

Zip

33417

Country

PBC

3. Mailing Address

CENTURY VILLAGE

Suite, Apt. #, etc.

245 SUSSEX M

City & State

W. PALM BEACH, FL

Zip

33417

Country

PBC

1st MOORE

CR2E037 (10/06)

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

ABRAMS, EMILY M
242 SUSSEX M CV
W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

EUGENE HOLLANDER

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

245 SUSSEX M CV

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

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ABRAMA, LYNN	
STREET ADDRESS	242 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WERSBECKER, BARBARA	
STREET ADDRESS	262 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MICHAUD, MARILYN	
STREET ADDRESS	264 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LACHICK, MARY	
STREET ADDRESS	260 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GRONSON, JUDY ARONSON	
STREET ADDRESS	249 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE HOLLANDER	
STREET ADDRESS	245 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAN J. STRAUBEL	
STREET ADDRESS	245 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS RECCARDI	
STREET ADDRESS	252 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY DIACENTINO	
STREET ADDRESS	250 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY ARONSON	
STREET ADDRESS	245 SUSSEX M	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE HOLLANDER
RESIDENT SUSSEX M

2-27-07 561-478-8877

Date

Daytime Phone #