


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90030 029 ****61.25

DOCUMENT # 742801 1. Entity Name SUSSEX M CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CENTURY VILLAGE 241 SUSSEX M W PALM BEACH, FL 33417 US			Mailing Address CENTURY VILLAGE 241 SUSSEX M W PALM BEACH, FL 33417 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1642188	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCOY, MARGARET 241 SUSSEX M WEST PALM BEACH, FL 33417				Name BARBARA WEISBECKER Street Address (P.O. Box Number is Not Acceptable) 262 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 <i>Barbara Weisbecker</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/11/08 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE P	BARBARA WEISBECKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIACENTINO, TONY		NAME	262 SUSSEX M	
STREET ADDRESS	250 SUSSEX M		STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE VP	MARY LACHICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, MARGARET		NAME	260 SUSSEX M	
STREET ADDRESS	241 SUSSEX M		STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE S	LYNN ABRAMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECCARDI, LOIS		NAME	242 SUSSEX M	
STREET ADDRESS	252 SUSSEX M		STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE T	MARILYN MICHAUD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, LYNN		NAME	264 SUSSEX M	
STREET ADDRESS	242 SUSSEX M		STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE 2nd VP	CHARLES GELLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	254 SUSSEX M	
STREET ADDRESS			STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE BM	FRAN EHLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	256 SUSSEX M	
STREET ADDRESS			STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Barbara Weisbecker, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/11/08 Daytime Phone # 561-683-6022		