

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90024 037 \*\*\*\*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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

*Lynn Abrams*

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

*Lynn Abrams*

(NOTE: Registered Agent signature required when reinstating)

*1/7/03*

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **1VPD** ☒ Delete  
NAME **FELPER, REGINA**  
STREET ADDRESS **261 SUSSEX**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **1VPD** ☐ Change ☐ Addition  
NAME **McCOY, PEGGY**  
STREET ADDRESS **241 SUSSEX M**  
CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE **PD** ☐ Delete  
NAME **ABRAMS, LYNN**  
STREET ADDRESS **242 SUSSEX**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **PD** ☐ Change ☐ Addition  
NAME **ABRAMS, LYNN**  
STREET ADDRESS **242 SUSSEX M**  
CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE **SD** ☐ Delete  
NAME **MCCOY, PEGGY**  
STREET ADDRESS **241 SUSSEX M**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **SD** ☐ Change ☐ Addition  
NAME **PEGGY MCCOY**  
STREET ADDRESS **241 SUSSEX M**  
CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE **TD** ☐ Delete  
NAME **ARASON, JUDY**  
STREET ADDRESS **249 SUSSEX**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **TD** ☐ Change ☐ Addition  
NAME **ARONSON, JUDY**  
STREET ADDRESS **249 SUSSEX M**  
CITY-ST-ZIP **W PB FL 33417**

TITLE **2VP** ☐ Delete  
NAME **LACHICK, MARY**  
STREET ADDRESS **260 SUSSEX M**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **2VP** ☐ Change ☐ Addition  
NAME **LACHICK, MARY**  
STREET ADDRESS **260 SUSSEX M**  
CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE **PD** ☐ Delete  
NAME **ABRAMS, LYNN**  
STREET ADDRESS **242 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*

*1/7/03 661-686-7995*

CR2E037 (10/02)