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

DOCUMENT # 742801

1. Entity Name

SUSSEX M CONDOMINIUM ASSOCIATION, INC.



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

01-10-2003 90024 037 ****61.25

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Principal Place of Business CENTURY VILLAGE 242 SUSSEX M W PALM BEACH FL 33417 US		CENTI 242 S	Mailing Address CENTURY VILLAGE 242 SUSSEX M W PALM BEACH FL 33417 US			1 184111 88811 8	XBIB JIMBI 1801 BBIND JIMB	II o re ded ni dioei deo	il ala is arası iaal	
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			ity & State	<u> </u>		4. FEI Number 59-1642188		L	Applied For	
Zip	Country Z		ip	Country	5. Certificate of Stat		status Desired		Not Applicab Additional	le
6. Name and Address of Current Registe			red Agent			7. Name and Address of New Registered Agent				4
				Name	 -	THUMB CITE AND	areas or now negrat	tered Agent		\dashv
ABRAMS, LYNN 242 SUSSEX M CV			Street Address			(P.O. Box Number is Not Acceptable)				\dashv
	M BEACH FL 33417				_	<u></u>	.="		.	7
				City	,			FL Zip C		\exists
The above the obliga	e named entity submits this statement ations of registered agent.	ent for the purp	oose of changing its	registered office	or registere	ed agent, or both, in	the State of Florida.	I am familiar w	ith, and accep	t
and oblige	mond of registered again.									ļ
SIGNATURE	Lyw abram	5		2. 11 (d)	alla			1/2/0	2	
	Signature, typed or printed name of registered	agent and title if app	plicable. (NOT	: Registered Agent sign	nature required	when reinstating)	<u> </u>	DATE	<u></u>	
			-	***			T			\dashv
FILE NOW: FEE IS \$61.25			9. Election Can Trust Fund C	npaign Financing contribution.	_	\$5.00 May Be Added to Fees		heck Payab epartment c		
10.	OFFICERS AND	DIRECTORS		11.	A	ADDITIONS/CHANG	L ES TO OFFICERS AN	ND DIRECTORS	IN 10	
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12. I hereby certify that the information supplied with this filling 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:

FEDURTUPS AUTOUREDU Ghoams

1/7/03 641-686 1995