FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03983

(8)

SUSSEX COMMUNITIES, INC.

cipal Place of Business Mailing Address

Principal Diagram	of Rusinose	Mailing Address				{			
Principal Place of Business 25063 PINEWATER COVE LANE		25063 PINEWATER COVE LA	ANE						
PELICAN LANDING BONITA SPRINGS	_	PELICAN LANDING BONITA SPRINGS FL 34134	-1959						
					٠	3. Date Incorporated or Qualified 07/24/1989		of Last I	Report
2. Principal Plac	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0209869			lot Applicable	
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in			s. 199.032,
24	25		30				Yes 🗌		
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent	
	LIEBERFARB, STANLEY								
4001 T SUITE	TAMIAMI TRAIL		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	ES FL 33940			83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				84	City		FI	85 Zip	Code
				Ш			FL	ـــلـــا	
office or rec	the previsions of Sections 607,050 g stered agent, or both, in the State i familiar with, and accept the oblig	e of Florida. Such change was a	uthorize	d by	the corporat	poration submits this statement for the pi ion's board of directors. I hereby accep	t the appo	nanging intment a	its registered s registered
SIGNATURE SI	Ignature, typed or printed native of registered ag-	ent a vd tale if applicable (NOTE	Registere	d Agen	nt signature requir	ed when reinslating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TI	ITLE				Change	Addition
NAME	SMITH, ANDREW		1.2 N/	AME					
	25063 PINEWATER COVE LAN	E	1.3 \$1	TREET A	ADDRESS				
CHTY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CI	ITY-ST	-ZIP				
TITLE	D	DELETE	2.1 TI	ITLE				Change	Addition
NAME	SMITH, LESLIE		2.2 N/	AME					
STREET ADDRESS	25063 PINEWATER COVE LAN	E	2.3 S	TAEET A	ADDRESS				
City+St-ZiP	BONITA SPRINGS FL 33923		2, 40	CITY-S	T-ZIP				
TITLE		DELETE	3.1 T(Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S1	TREET /	ADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-S	T- Z IP				
TITLE	W 44 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DELETE	4.1 Ti					Change	Addition
NAMÉ			4. 2 N	NAME					
STREET ADDRESS			4.3 S	TREET /	address				
CITY - S1 - 7IP			4.4 C	ITY-ST	r-ziP				
TITLE		DELETE	5.1 TI				<u> </u>	Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			538	TREET	ADORESS				
CITY-ST-ZIP			5.4 C	ITY-ST	r-ziP				
TITLE		DELETE	6.171				• 1	Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-SI	ļ				
14 Ldo boroby	and further the information currents	ad with this filling door not qualif				t in Section 119 07/3Vi) Florida Statuter	. I fuelbor	cortifu the	at the

4. I do 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 annual report or suppliemental annual 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 607, Florida Statutes; and that my name appears in Block 13 if charged; or on a state method and defense.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/20/97

94-498-0500

FILED

Jan 27 1997 8:00am

Secretary of State