

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

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N18342

1. Entity Name

SUSSEX K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CENTURY VILLAGE
SUSSEX K
WEST PALM BEACH FL 33417-1352
US

DOLORES RAD
207 SUSSEX K
WEST PALM BEACH FL 33417-1352
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

59-1640512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAO, DOLORES
207 SUSSEX K
WEST PALM BEACH FL 33417-1352

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

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

(NOTE: Registered Agent signature required when re-registering)

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	VP	<input type="checkbox"/> Delete
NAME	WOOLSEY, MARION	
STREET ADDRESS	198 SUSSEX K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1352	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONNELL, FRANK	
STREET ADDRESS	208 SUSSEX K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1352	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAAS, FRED	
STREET ADDRESS	197 SUSSEX K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1352	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUTLER, VICTOR	
STREET ADDRESS	199 SUSSEX 'K'	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNER, PATRICK	
STREET ADDRESS	214 SUSSEX K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1352	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAO, DOLORES	
STREET ADDRESS	207 SUSSEX K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1352	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000612737
CITY-ST-ZIP	02/05/07-80012-006 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Victor Cutler*
VICTOR CUTLER - TREASURER

1-29-07

(561) 640-9456