

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90012 043 \*\*\*\*61.25

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<b>DOCUMENT # N19682</b> 1. Entity Name SUSSEX F. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 102 SUSSEX F WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SERVICES, INC. 2400 CEBTER PARK W. DRIVE, SUITE 175 WEST PALM BEACH, FL 33409-6405 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 59-1804620	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANASSE, ROLAND 108 SUSSEX - F WEST PALM BEACH, FL 33417			Name <b>VANASSE, JOAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 SUSSEX - F</b> City <b>West Palm Beach FL</b> Zip Code <b>33417</b>		
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>Joan Vanasse</i> PD (JOAN VANASSE) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>2/2/06</b>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKITRICK, STELLA		NAME		
STREET ADDRESS	104 SUSSEX-F		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOURLAM, RICHARD		NAME		
STREET ADDRESS	117 SUSSEX F		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGULIES, IRVING		NAME		
STREET ADDRESS	102 SUSSEX F		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, EILEEN		NAME		
STREET ADDRESS	103 SUSSEX F		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Addition	
NAME	VANASSE, ROLAND		NAME	<b>VANASSE, JOAN</b>	
STREET ADDRESS	108 SUSSEX-F		STREET ADDRESS	<b>108 SUSSEX - F</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<b>West Palm Beach, FL 33417</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADKINS, SHIRLEY		NAME	<b>RUBIN, RUTH</b>	
STREET ADDRESS	119 SUSSEX F		STREET ADDRESS	<b>101 SUSSEX-F</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<b>West Palm Beach, FL 33417</b>	
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>Irving S. Margulies</i> VTD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>2/2/06</b>		
			Daytime Phone # <b>501-683 4049</b>		