

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 048 ****61.25

DOCUMENT # N19682

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**

40045627



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

03202007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1804620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANASSE, JOAN
108 SUSSEX - F
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing 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 **D** ☐ Delete
NAME **MCKITRICK, STELLA**
STREET ADDRESS **104 SUSSEX-F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **V/D** ☐ Delete
NAME **MOURLAM, RICHARD**
STREET ADDRESS **117 SUSSEX F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **VTD** ☐ Delete
NAME **MARGULIES, IRVING**
STREET ADDRESS **102 SUSSEX F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **SD** ☐ Delete
NAME **STEVENS, EILEEN**
STREET ADDRESS **103 SUSSEX F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **PD** ☐ Delete
NAME **VANASSE, JOAN**
STREET ADDRESS **108 SUSSEX-F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D** ☐ Delete
NAME **RUBIN, RUTH**
STREET ADDRESS **101 SUSSEX F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRVING S. MARGULIES
3/27/07

561-683-
4049