


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90297 046 \*\*\*\*61.25

<b>DOCUMENT # N29173</b> 1. Entity Name <b>SUSSEX E CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% CARMEN R. WATSON 86 SUSSEX E WEST PALM BEACH FL 33417</b>			Mailing Address <b>% SEACREST SERVICES INC 2400 CENTER PARK W. DRIVE - STE 125 WEST PALM BEACH FL 33417</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WATSON, CARMEN R 86 SUSSEX E WEST PALM BEACH FL 33417</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, CARMEN R		NAME		
STREET ADDRESS	86 SUSSEX E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPAOLO, CORINNE		NAME		
STREET ADDRESS	99 SUSSEX E		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUZZONE, JANET		NAME		
STREET ADDRESS	100 SUSSEX E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSA, CINDY		NAME		
STREET ADDRESS	90 SUSSEX E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNER, MIKE		NAME	<b>NICK CINO 92 SUSSEX E W PALM BEACH FL 33417</b>	
STREET ADDRESS	88 SUSSEX E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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.					
<b>SIGNATURE:</b> <i>Carmen Watson</i> <b>CARMEN R WATSON</b> 4/8/05 561-471-1714					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50042105



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1644146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, CARMEN R  
86 SUSSEX E  
WEST PALM BEACH FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 P  
NAME WATSON, CARMEN R ☐ Delete  
STREET ADDRESS 86 SUSSEX E  
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE VP  
NAME DEPAOLO, CORINNE ☐ Delete  
STREET ADDRESS 99 SUSSEX E  
CITY-ST-ZIP W. PALM BEACH FL 33417

TITLE TD  
NAME GUZZONE, JANET ☐ Delete  
STREET ADDRESS 100 SUSSEX E  
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE SD  
NAME ROSA, CINDY ☐ Delete  
STREET ADDRESS 90 SUSSEX E  
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE CSD  
NAME BRENNER, MIKE ☐ Delete  
STREET ADDRESS 88 SUSSEX E  
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition  
NAME NICK CINO  
STREET ADDRESS 92 SUSSEX E  
CITY-ST-ZIP W PALM BEACH FL 33417

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 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:** *Carmen Watson* **CARMEN R WATSON** 4/8/05 561-471-1714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #