

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 030 ****61.25

40044171



03202007 Chg-NP CR2E037 (12/06)

DOCUMENT # N29173 1. Entity Name SUSSEX E CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % CARMEN R. WATSON 86 SUSSEX E WEST PALM BEACH, FL 33417			Mailing Address % SEACREST SERVICES INC 2400 CENTER PARK W. DRIVE - STE 125 WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box # PAUL SACHER		3. Mailing Address Suite, Apt. #, etc. 97 SUSSEX E			
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 59-1644146	
Zip 33417		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHER, FRAN 97 SUSSEX E WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>FRAN SACHER</u> FRAN SACHER Secy. <u>3-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACHER, FRAN 86 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACHER, PAUL 97 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, QUINT 99 SUSSEX E W. PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS QUINT 99 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUZZONE, JANET 100 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CINO, NICK 92 SUSSEX E W PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSA, CINDY 90 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAN SACHER SACHER, FRAN 97 SUSSEX E W PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LIEDSKIND, ZEEV 92 SUSSEX E W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATUCCI, Vincent 93 SUSSEX E W PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>FRAN SACHER</u> FRAN SACHER, Secy <u>3-27-07</u> 5614710819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					