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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29921** **(6)**

1. Corporation Name

SUSSEX ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
270 N COLLIER BLVD MARCO ISLAND FL 33937 US	P.O. BOX 2397 MARCO ISLAND FL 34146-2397 US

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: ~~65-0318649~~ NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

EDMUND S. BYRT
990 CAPE MARCO DR
#401
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☑ DELETE	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	~~PRICE HURT~~		1.2 NAME	MATYASIK JOHN A.	
STREET ADDRESS	~~270 N COLLIER BLVD~~		1.3 STREET ADDRESS	620 HAMMERSCHMIDT AVE	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		1.4 CITY-ST-ZIP	LOMBARD, FL. 60148	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, FREDERICK C.		2.2 NAME		
STREET ADDRESS	1912 SHEFFIELD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	~~STD~~	☑ DELETE	3.1 TITLE	D/ST	☐ Change ☑ Addition
NAME	~~RUTH JOHNSON~~		3.2 NAME	MARTIN, HELEN	
STREET ADDRESS	~~270 N COLLIER BLVD~~		3.3 STREET ADDRESS	1 SHERWOOD DR	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		3.4 CITY-ST-ZIP	WASHINGTON, MO. 63090	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	BLOOM, MILLARD	
STREET ADDRESS			4.3 STREET ADDRESS	7 BUCKSWAY RD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OWINGS MILLS, MD. 21117	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~Edmund S. Byrt~~ ~~Edmund S. Byrt~~ 4/17/97 312 932 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060716