

FILED
Mar 08, 2007 8:00 am
Secretary of State

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

DOCUMENT # N29921 1. Entity Name SUSSEX ON THE BAY CONDOMINIUM ASSOCIATION, INC.				2. Mar 08, 2007 8:00 am Secretary of State 02-13-2007 90011 050 ****61.25	
Principal Place of Business 270 N COLLIER BLVD MARCO ISLAND FL 33937 US		Mailing Address P.O. BOX 2397 MARCO ISLAND FL 33969 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0318649 Applied For ☐ Not Applicable ☒	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 NORTH COLLIER BLVD. MARCO ISLAND FL 34145			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 _____ (NOTE: Registered Agent signature required when changing) Signature, typed or printed name of registered agent and title is acceptable. DATE					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MATYASIK, JOHN A 270 N. COLLIER BLVD MARCO ISLAND FL 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition William F. Tiernan 270 N. COLLIER BLVD. 306 # MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST MCBRIDE, THOMAS 270 N. COLLIER BLVD MARCO ISLAND FL 34145 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition William Rickel 1834 E. HARTFORD STREET INVERNESS, FLORIDA 34453-3612		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALIK, RICHARD 37625 LAKEVILLE HARRISON TOWNSHIP MI 48045 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 power like empowered.					
SIGNATURE: William F. Tiernan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR March 5, 2007 239-642-8872 Date Daytime Phone #					