


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37786</b> 1. Entity Name <b>SUSSEX G CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>THOMAS DIAMANTE</b> <b>SUSSEX G CONDOMINIUM, APT. 139</b> <b>WEST PALM BEACH, FL 33417</b>			Mailing Address <b>SEACREST SVCS INC</b> <b>2400 CENTRE PARK W DR</b> <b>WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1647330</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIAMANTE, THOMAS</b> <b>131 SUSSEX G</b> <b>WEST PALM BEACH, FL 33417</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAMANTE, THOMAS</b>		NAME	<b>000000429190</b>	
STREET ADDRESS	<b>SUSSEX G 131</b>		STREET ADDRESS	<b>02/21/06-80080-001 61.25</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FIERSON, HARRY</b>		NAME		
STREET ADDRESS	<b>121 SUSSEX G</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KATZ, EVA</b>		NAME		
STREET ADDRESS	<b>123 SUSSEX G</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BELLOPADE, JOSEPH</b>		NAME		
STREET ADDRESS	<b>122 SUSSEX G</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLDUC, NORMAN</b>		NAME		
STREET ADDRESS	<b>134 SUSSEX G</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERMAN, HAROLD</b>		NAME		
STREET ADDRESS	<b>SUSSEX G-137</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		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.					
<b>SIGNATURE:</b> <i>Thomas Diamante</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/7/06</b> Daytime Phone # <b>561 683-7419</b>		