


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90071 025 ****61.25

DOCUMENT # N37786 1. Entity Name SUSSEX G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business THOMAS DIAMANTE SUSSEX G CONDOMINIUM, APT. 139 WEST PALM BEACH, FL 33417			Mailing Address SEACREST SVCS INC 2400 CENTRE PARK W DR WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1647330	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAMANTE, THOMAS 131 SUSSEX G WEST PALM BEACH, FL 33417			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 <u><i>Alvaro M. Giraud</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>3/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 <input checked="" type="checkbox"/> Delete NAME DIAMANTE, THOMAS STREET ADDRESS SUSSEX G 131 CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T NAME ALVARO M. GIRAUD STREET ADDRESS 129 SUSSEX G CITY-ST-ZIP WEST PALM BEACH, FL 33417				
TITLE <input type="checkbox"/> Delete NAME FIERSON, HARRY STREET ADDRESS 121 SUSSEX G CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> Delete NAME HASWELL, CAROLE STREET ADDRESS 144 SCENIC LAKE DR CITY-ST-ZIP RIVERHEAD, NY 11901	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME BELLOPADE, JOSEPH STREET ADDRESS 122 SUSSEX G CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME BOLDUC, NORMAN STREET ADDRESS 134 SUSSEX G CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> Delete NAME SHERMAN, HAROLD STREET ADDRESS SUSSEX G-137 CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
SIGNATURE: <u><i>Alvaro M. Giraud</i></u> ALVARO M GIRAUD <u>3/21/08</u> <u>561-478-8731</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50001202



01232008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2008

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	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS		DIAMANTE, THOMAS
CITY-ST-ZIP		SUSSEX G 131 WEST PALM BEACH, FL 33417
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		FIERSON, HARRY
CITY-ST-ZIP		121 SUSSEX G WEST PALM BEACH, FL 33417
TITLE	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS		HASWELL, CAROLE
CITY-ST-ZIP		144 SCENIC LAKE DR RIVERHEAD, NY 11901
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		BELLOPADE, JOSEPH
CITY-ST-ZIP		122 SUSSEX G WEST PALM BEACH, FL 33417
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		BOLDUC, NORMAN
CITY-ST-ZIP		134 SUSSEX G WEST PALM BEACH, FL 33417
TITLE	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS		SHERMAN, HAROLD
CITY-ST-ZIP		SUSSEX G-137 WEST PALM BEACH, FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		T ALVARO M. GIRAUD
CITY-ST-ZIP		129 SUSSEX G WEST PALM BEACH, FL 33417
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		S
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Alvaro M. Giraud* **ALVARO M GIRAUD** 3/21/08 561-478-8731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #