

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42790

FILED
Apr 14, 2009
Secretary of State

Entity Name: SUSSEX J CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY VILLAGE
SUSSEX J 191
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

188 SUSSEX J
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

SEACREST SERVICES, INC.
2400 CENTER PARK WEST DRIVE SUITE 175
WEST PALM BEACH, FL 334096405 US

New Mailing Address:

SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1636682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAINWALD, CAROL
188 SUSSEX J
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

KATZMAN, GARFINKEL & ROSENBAUM
250 AUSTRALIAN AVE S #500
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: CAROL MAINWALD

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAINWALD, CAROL
Address: 188 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: FARINO, VIRGINIA
Address: 188 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S (X) Delete
Name: MAINWALD, WILLIAM
Address: 188 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: M (X) Delete
Name: DOHERTY, KIERAN
Address: 188 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MAINWALD, CAROL
Address: 188 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T (X) Change () Addition
Name: FARINO, VIRGINIA
Address: 191 SUSSEX J
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA

MS

04/14/2009

Electronic Signature of Signing Officer or Director

Date