

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42790

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** SUSSEX J CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

188 SUSSEX J  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

SUSSEX J C/O 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:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: FARINO, VIRGINIA  
Address: 191 SUSSEX J  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T  
Name: WALSH, MARIE  
Address: 193 SUSSEX J  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: DOHERTY, KIERAN  
Address: 181 SUSSEX J  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby 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 all other like empowered.

**SIGNATURE:** GALE CORONA

MS

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date