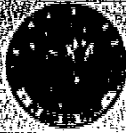


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 18 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741783 (5)
1. Corporation Name
SALISBURY E. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**SALISBURY E 115
CENTURY VILLAGE
WEST PALM BEACH FL 33417
US** **SALISBURY E 115
CENTURY VILLAGE
WEST PALM BEACH FL 33417
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1978** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-1573596** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEINER, ANN
SALISBURY E98
W PALM BCH FL 33417**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dorothy Blumstein*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SEROTA, NORMA (SIROTA)
STREET ADDRESS	102 SALISBURY E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	PD (PAST PRESIDENT)
NAME	WEINER, ANN
STREET ADDRESS	CNTRY VIL E97 SALISBURY
CITY-ST-ZIP	WEST PALM BEACH, FL00000
TITLE	TD
NAME	BLUMSTEIN, DOROTHY
STREET ADDRESS	CNTRY VIL E115 SALISBURY
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	S
NAME	LOCHNER, MILDRED
STREET ADDRESS	CNTRY VIL E100 SALISBURY
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	PRESIDENT
NAME	HARRY GEBELOFF
STREET ADDRESS	100 SALISBURY E.
CITY-ST-ZIP	W.P.B., FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SP
1/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X DOROTHY BLUMSTEIN - TREAS* 1/13/95 (407) 683-2852
Signature and typed or printed name of signing officer or director