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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

741783

(5)

SALISBURY E. CONDOMINIUM ASSOCIATION, INC.

				i 1883) 1884 6188 4188 4188 1888 6	1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)   1 (1)
Principal Place of Business Mailing Address					
	=	SALISBURY E 115 CENTURY VILLAGE WEST PALM BEACH FL	33417		
U\$		US		<ol> <li>Date Incorporated or Qualified 02/23/1978</li> </ol>	3a. Date of Last Report 01/18/1995
2. Principal P 21	Place of Business	2a. Mailing Additiss	slury E	4. FEI Number 59-1573596	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite April , eta	10	5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State	+ car	6 Flactice Compaign Figureine	Fee Required
23		28	>3417	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζίρ <b>24</b>	Country 25	Z <sub>I</sub> p	Country	8. This corporation has liability for in	
	9. Name and Address of Curren		30	Florida Statutes  10. Name and Address of New Re	Yes No
6	\	111101	81 Name	TO. THE BIT MUDICIONS OF HEW FILE	Sistered Agent
WEINER	A ANN MON	y second	82 Street Add	desce (D.O. Day Number in New Assessment	
SALISB	URY ted	LO. 10 NA		dress (P.O. Box Number is Not Acceptable	<del>3</del> )
W\P <b>A</b> LI	M BCH/FI 33417	anyoung p	83		
[ ]	IN WHO.	tha about	84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above named coroo	oration submits this statement for the purp	nee of changing its registered office
or registei familiar w	red agent, or both, in the State of Floric rith, and accept the obligations of, Secti	la. Such change was authorize on 617.0503, Florida Statutes.	d by the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE	Clarabase				
12.	Signal are typed or printed name of registered agent OFFICERS AND		Registered Agent signature require  13.		DATE
TITLE	VD	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SIROTA, NORMA	_	1.2 NAME		C prignile C vagariti
STRÉE1 ADORESS	102 SALISBURY E		1.3 STREET ADDRESS		
CITY-S1-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE	PPD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEINER, ANN		2 2 NAME		
STREET ADDRESS CHTY-ST-ZIP	CNTRY VIL E97 SALISBURY WEST PALM BEACH FL		2.3 STREET ADDRESS		
THILE	TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		
NAME	BLUMSTEIN, DOROTHY		32 NAME		Change Chaddition
STREET ADDRESS	CNTRY VIL E115 SALISBURY		3 3 STREET ADDRESS		
DTY-ST-ZIP	WEST PALM BCH FL		3 4. CITY-ST-ZIP		
TITLE	\$	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCHNER, MILDRED		4. 2 NAME		
STREET ADDRESS	CNTRY VIL E108 SALISBURY		4.3 STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BCH. FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		
NAME	GEBELOFF, HARRY	jotter.	5.2 NAME		Change
STREET ADDRESS	100 SALISBURY E.		5.3 STREET ADDRESS	,,	
CITY-ST-ZIP	W.P.B. FL 33417		5.4 CITY - ST - ZIP	Namy Kel	relock
TITLE		DELETE	6 1 TITLE	1-4-()	Change Addition
NAME			6.2 NAME	~	<b>,</b>
STREET ADDRESS			63 STREET ADDRESS		İ
CITY-ST-ZIP	and the that the information and limited	241-41-69	6 4 CITY - ST - ZIP	for the exemption stated in Section 110.0	

certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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