

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                                                                               |                                                                                |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>SALISBURY E 115<br/>CENTURY VILLAGE<br/>WEST PALM BEACH FL 33417<br/>US</b> | Mailing Address<br><b>100 SALISBURY E.<br/>WEST PALM BEACH FL 33417<br/>US</b> |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**02/23/1978**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1573596</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
|                                             | Zip<br><b>29</b>                 |
|                                             | Country<br><b>30</b>             |

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**HARRY GEBELOFF  
100 SALISBURY E.  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City <b>FL</b> <b>85</b> Zip Code                  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIROTA, NORMA                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 102 SALISBURY E                     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PPD <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEINER, ANN                         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | CNTRY VIL E97 SALISBURY             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                  | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLUMSTEIN, DOROTHY                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | CNTRY VIL E115 SALISBURY            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WEST PALM BCH FL                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOCHNER, MILDRED                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | CNTRY VIL E108 SALISBURY            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WEST PALM BCH. FL                   | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | P <input type="checkbox"/> DELETE   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GEBELOFF, HARRY                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 100 SALISBURY E.                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                  | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** *Harry Gebeloff* **683 1237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038784

CR2E037 (10/97)