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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741783

1. Corporation Name
 SALISBURY E. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: SALISBURY E 115 CENTURY VILLAGE WEST PALM BEACH FL 33417 US
 Mailing Address: 100 SALISBURY E. WEST PALM BEACH FL 33417 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/23/1978
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1573596
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

HARRY GEBELOFF
 100 SALISBURY E.
 WEST PALM BEACH FL 33417

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: Harry Gebeloff PRES DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, NORMA	1.2 NAME	<i>Norma A. Sirota</i>
STREET ADDRESS	102 SALISBURY E	1.3 STREET ADDRESS	<i>101 Salisbury E, WPB, FL</i>
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PPD <input checked="" 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	<i>Salisbury E 108</i>
STREET ADDRESS	CNTRY VIL E115, SALISBURY	3.3 STREET ADDRESS	<i>Dear Mrs Blumstein</i>
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" 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	<i>PRESIDENT</i>
STREET ADDRESS	100 SALISBURY E.	5.3 STREET ADDRESS	<i>HARRY GEBELOFF</i>
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	<i>100 SALISBURY E W.P.B. FLA. 33417</i>
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 119.073(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, with a full other like empowered.

SIGNATURE: Harry Gebeloff PRES DATE: 4/1/99 6931237

CR2E037 (1/98)