2001 UNIFORM BUSINESS REPORT (ÜBR)

FILED Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # 741783** 1. Entity Name SALISBURY E. CONDOMINIUM ASSOCIATION, INC. 01-17-2001 90069 031 ****61.50 OBSALISBURY Principal Place of Business Mailing Address 100 SALISBURY E. SALISBURY E 115 WEST PALM BEACH FL 33417 CENTURY VILLAGE WEST PALM BEACH FL 33417 Principal Place of Business Mailing Address 00 3AL Suite, Apt. #3etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-1573596 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARRY GEBELOFF 100 SALISBURY E. WEST PALM BEACH FL 33417 8. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 Addition **VPSD** TITLE TITLE SIROTA, NORMA NAME MAME STREET ADDRESS STREET ADDRESS 102 SALISBURY E CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Addition TITLE Change -TITLE NAME **BLUMSTEIN, DOROTHY** NAME STREET ADDRESS STREET ADDRESS SALISBURY E 108 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Addition ☐ Change TITLE TITLE GEBELOFF, HARRY _ NAME NAME STREET ADDRESS STREET ADDRESS 100 SALISBURY E. CITY-SY-7IP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RECINA RIEGHE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME

1/17/

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP