

2002 UNIFORM BUSINESS REPORT (UBR)

0010574

DOCUMENT # 741783

1. Entity Name

SALISBURY E. CONDOMINIUM ASSOCIATION, INC.

FILED

02 NOV 18 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 SALISBURY EAST
WEST PALM BEACH FL 33417
US

100 SALISBURY EAST
WEST PALM BEACH FL 33417
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 SALISBURY E

3. Mailing Address

106 SALISBURY E

Suite, Apt. #, etc.

106 SALISBURY E

Suite, Apt. #, etc.

106 SALISBURY E

City & State

West Palm Beach, Fl.

City & State

West Palm Beach, Fl.

4. FEI Number

59-1573596

Applied For

Not Applicable

Zip

33417

Country

Palm Beach

Zip

33417

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRY GEBELOFF
100 SALSBURY EAST
WEST PALM BEACH FL 33417

Name REGINA RIECKER

Street Address (P.O. Box Number is Not Acceptable)

106 SALISBURY E

WEST PALM BEACH

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Regina Riecker

Signature typed of printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

REINSTATEMENT 02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | SIROTA, NORMA | |
| STREET ADDRESS | 102 SALISBURY E | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | GEBELOFF, HARRY | |
| STREET ADDRESS | 100 SALISBURY E. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | RIECKE, RECINA | |
| STREET ADDRESS | 106 SALSBURY EAST | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|-----------------------------------------------------------------------------------------|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GENE DiPACE | |
| STREET ADDRESS | 115 SALISBURY E | |
| CITY-ST-ZIP | WEST PALM BEACH, FL. 33417 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGINA RIECKER | |
| STREET ADDRESS | 106 SALISBURY E | |
| CITY-ST-ZIP | WEST PALM BEACH, FL. 33417 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE FERLIN | |
| STREET ADDRESS | 120 SALISBURY E | |
| CITY-ST-ZIP | WEST PALM BEACH, FL. 33417 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 000008599340 | |
| STREET ADDRESS | 10/25/02--01100--004 **61.25 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 000008599340 | |
| STREET ADDRESS | 11/18/02--01052--022 **175.00 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (4/02)

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.

SIGNATURE: *Regina Riecker* (561) 242-0472