

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742783 (4)

1. Corporation Name

SALISBURY D CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
SALISBURY D 73 CENTURY VILLAGE WEST PALM BEACH FL 33417-1949 US	SALISBURY D 73 CENTURY VILLAGE WEST PALM BEACH FL 33417-1949 US

3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 04/05/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1730332	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAYLIS, CLARE SALISBURY D 73 CENTURY VILLAGE W PALM BCH FL 33417	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROW, GERALD	1.2 NAME	DOLORES HOFMANN
STREET ADDRESS	SALISBURCY D-75	1.3 STREET ADDRESS	SALISBURY D-83
CITY-ST-ZIP	WEST PLAM BEACH FL 33417	1.4 CITY-ST-ZIP	WEST PSLM BEACH FL 33417
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLIS, CLARE	2.2 NAME	
STREET ADDRESS	SALISBURY D-73	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILLIAN, HERMAN	3.2 NAME	JOHN NORTON
STREET ADDRESS	SALISBURY D-77	3.3 STREET ADDRESS	SALISBURY D-88
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, RHEA	4.2 NAME	EILEEN McCOLGAN
STREET ADDRESS	SALISBURY D-89	4.3 STREET ADDRESS	SALISBURY D-90
CITY-ST-ZIP	WEST PALM BEACH FL 33417	4.4 CITY-ST-ZIP	WEST PALM BEACH FLO 33417
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEZENAAR, BILLIE	5.2 NAME	LOUISE MANHEIM
STREET ADDRESS	SALISBURY D-78	5.3 STREET ADDRESS	SALISBURY D-76
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLANDER, R	6.2 NAME	
STREET ADDRESS	SALISBURY D-93	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: CLARE BAYLIS CLARE BAYLIS JAN. 27/96 686-0468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E037 (12/95)