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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 33417-1953 US

3. Date Incorporated or Qualified 05/08/1978
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30
4. FEI Number 59-1730332 Applied For Not Applicable
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROW, GERALD	1.2 NAME	MANNING, LOUISE
STREET ADDRESS	SALISBURCY D-75	1.3 STREET ADDRESS	SALISBURY D-76
CITY - ST - ZIP	WEST PLAM BEACH FL 33417	1.4 CITY - ST - ZIP	WEST PALM 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	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMANN, DOLORES	3.2 NAME	
STREET ADDRESS	SALISBURY D-83	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, JOHN	4.2 NAME	
STREET ADDRESS	SALISBURY D-88	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLGAN, EILEEN	5.2 NAME	
STREET ADDRESS	SALISBURY D-90	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	
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 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: CLARE BAYLIS *CLARE BAYLIS* DATE: Apr. 22/97 DAYTIME PHONE: 686-0468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038361

CR2E037 (9/96)