

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90020 047 \*\*\*\*70.00

**DOCUMENT # 754286**

1. Entity Name  
**SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**251-172ND STREET  
MIAMI BEACH, FL 33160**

Mailing Address  
**251-172ND STREET  
MIAMI BEACH, FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2190433**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SALUTO, FRANCES  
251-172ST APT. 125  
SUNNY ISLE BEACH, FL 33160**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to:  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **SALUTO, FRANCES "FANNY"**  
STREET ADDRESS **251 - 172ND ST. #125**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **D** ☐ Delete  
NAME **PELLOT, ISREAL**  
STREET ADDRESS **251-172 CT #218**  
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **TD** ☐ Delete  
NAME **PEREZ, JOSEPH**  
STREET ADDRESS **251 172ND ST #109**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **SD** ☐ Delete  
NAME **CAPOTE, DELIA**  
STREET ADDRESS **253-172 OT #203**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, LARRY**  
STREET ADDRESS **251-172ST #206**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **D** ☐ Delete  
NAME **GUARINO, MARGARET**  
STREET ADDRESS **650 GOLDEN BEACH**  
CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **Cabanas ALEY**  
STREET ADDRESS **10101 SW 102 Ave**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Frances Saluto, Frances Saluto**

Date

**1/12/05 305 947-6063**

Daytime Phone #