


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08341**  
 1. Entity Name  
**SALTY ACRES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4030 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228**

Mailing Address  
**4030 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2554951**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENBERG, DAVID H ESQ  
 8130 LAKEWOOD MAIN STREET, STE 208  
 LAKEWOOD RANCH, FL 34202**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature: typed or printed name of registered agent and title, if applicable DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STARR, CHARLES L III
STREET ADDRESS	4030 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VP
NAME	SANCHEZ, ROLANDO DR
STREET ADDRESS	4030 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	ST
NAME	SANCHEZ, CATHERINE
STREET ADDRESS	4030 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000601135  
 01/26/07-80036-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employees.

SIGNATURE: Charles L Starr **CHARLES L STARR** 4/17/07 941-383-9505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #