## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

N18055

(6)

THE 10	60 CENTER CONDOMINIUN	` ,				
Principal Plac	e of Business	Mailing Address			T DESCRETA AND CLOSES ADDICT DRIVES BELLE BROKE GLOSS BROKE GROSS	
C/O JOHN G SALATINO 160 SE 6TH AVE B-1 DELRAY BOH FL 33483		C/O JOHN G SALATINO 160 SE 6TH AVE B-1 DELRAY BCH FL 33483			3. Date Incorporated or Qualified 12/03/1986	
						4. FEI Number Applied For S9-6861731 Not Applied be
<del>-</del>	Place of Business	29. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		<del></del>	6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & Stat	е	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country	Zip	Country			6. This corporation owes or has paid the current year Intangible
24]	9. Name and Address of Currer	29 29 Agent	30			Personal Property Tax due June 30.  Yes 10. Name and Address of New Registered Agent
	***************************************			81	Name	
	SALATINO, JOHN G			82	Street Add	ress (P.O. Box Number is Not Acceptable)
	6TH AVE B-1 ' BCH FL 33483		83			
L'EM VII	DOTT IE WHO				- C15-1	lee To Code
			- 1		City	FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligi- Signature, typed or printed name of registered age					poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered the when reinstating)  DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	☐ DELETE		1.1 TITLE		Change Addition
NAME	MCGLOIN, RICHARD 2275 N SWINTON AVE		1.2 NA	-		
STREET ADDRESS CITY-ST-ZIP	DELRAY BCH FL		1	HEET A	ADDRESS	
TITLE	PD	DELETE	2.1 TIT		-zir	☐ Change ☐ Addition
NAME	SALATINO, JOHN G		2.2 NA	2.2 NAME		
STREET ADDRESS	160 SE 6TH AVE B-1		2.3 \$11	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	T priete		2.4 CITY-ST-ZIP		LI Change III Red Way
TITLE	DS SALATINO VALEDIE	DELETE	3.1 T(T			☐ Change ☐ Addition
NAME STREET ADDRESS	SALATINO, VALERIE 160 SE 6TH AVE B-1		3.2 NA		NDORESS	
CITY-ST-ZIP	DELRAY BCH FL		3.4. CII			
TITLE	DB3.1.7 DOTT	☐ DELETE	4.1 TIT		-211	☐ Change ☐ Addition
NAME			4. 2 NA	ME	i	
STREET ADDRESS					NDDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CIT		-ZIP	Change Addition
TITLE NAME		☐ DETEIE	5.1 TIT 5.2 NA			T cusula T vondica
STREET ADDRESS				_	ADDRESS :	
CITY-ST-ZIP			5.4 CIT		1	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
1						

Thereby certify that the information supplied with this filling 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 an an attachment with an address.

6.4 CITY-ST-ZIP

STREET ADDRESS

TOHN G. SALATINO 4-8-98

**FILED** 

Apr 17 1998 8:00am

Secretary of State