FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

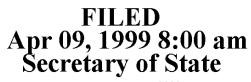
1999 DOCUMENT # N18055

1. Corporation Name

THE 160 CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O JOHN G SALATINO 160 SE 6TH AVE B-1 DELRAY BCH FL 33483 Mailing Address

C/O JOHN G SALATINO 160 SE 6TH AVE 8-1 DELRAY BCH FL 33483



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					_				
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26				12/03/1986			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-6861731		lied For	
22		27						Applicable	
City & State	3 Complete Control of the Control	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\$5.00 N	May Be	
24	25	29	30			Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
SALATINO, JOHN G				82	82 Street Address (P.O. Box Number is Not Acceptable)				
160 SE 61									
	CH FL 33483		83						
				84	City	. FL	85 Zip C	ode	
11 Duminost	to the provisions of Sections 617 0502	and 617 1508 Florida	Statutes, the a	bove	named co	progration submits this statement for the numose of ch	anging its r	egistered	
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 a	n familiar with, and accept the obligation	ons of, Section 617.050	03, Florida Stat	tutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE: Registerer	d Agent	signature segu	uired when reinstating) DATE			
12.	OFFICERS AND		13.		organization rosq	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	VPD	☐ DELI	ETE 1.1 T	ITLE] Change	Addition	
NAME	MCGLOIN, RICHARD		1.2 N	AME					
STREET ADDRESS	2275 N SWINTON AVE		1.3 \$	1.3 STREET ADDRESS			•		
CITY-ST-ZIP	DELRAY BCH FL		1.4 C	1.4 CITY-ST-ZIP		·			
TITLE	PD DELETE		ETE 2.1 T	2.1 TITLE		. [_ Change	Addition	
NAME	SALATINO, JOHN G		2.2 N	IAME				1	
STREET ADDRESS	160 SE 6TH AVE B-1		2.3 \$	TREET	ADDRESS			}	
CITY-ST-ZIP	DELRAY BEACH FL		2.40	CITY-ST	-ZIP				
TITLE	DS	DELI	ETE 3.1 Ti	TILE			Change	Addition	
NAME.	SALATINO, VALERIE		3.2 N	AME				_	
STREET ADDRESS	160 SE 6TH AVE B-1	· -3	3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH FL		3,4, 0	CITY-ST	-ZIP				
TITLE		C DEL	ETE 4.1 T	ITLE			Change	Addition	
NAME	· '		4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	TY-ST	ZIP				
TITLE	•	□ DEL			Γ	[Change	Addition	
NAME	•		1	IAME					
STREET AODRESS			1		ADDRESS				
CITY-ST-ZIP				ITY-ST	ZIP	· .	7.00	A sec.	
TITLE		☐ DEL				, L	Change	Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET	ADDRESS				
					7ID]				

City-St-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

AND THE OFFICE OF SIGNING OFFICER OF DIRECTOR Date Date Destine Phone #

CR2E037_(1,1/98)_