

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90215 009 ****61.25

14006392



01032005 Chg-NP CR2E037 (10/03)

| | | | | | |
|---|----------------------|--|--|---|--|
| DOCUMENT # N18055 | | | | | |
| 1. Entity 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 B-1 DELRAY BCH, FL 33483 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6861731 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SALATINO, JOHN G 160 SE 6TH AVE B-1 DELRAY BCH, FL 33483 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SALATINO, JOHN G | | NAME | PETER HARRIGON | |
| STREET ADDRESS | 160 SE 6TH AVE B-1 | | STREET ADDRESS | 160 SE 6TH AVE A-1 | |
| CITY-ST-ZIP | DELRAY BEACH, FL | | CITY-ST-ZIP | DELRAY BEACH FLA 33483 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALATINO, VALERIE | | NAME | | |
| STREET ADDRESS | 160 SE 6TH AVE B-1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BCH, FL | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FELDMAN, DAVID | | NAME | | |
| STREET ADDRESS | 3703 MYKONOS CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 info empowered. | | | | | |
| SIGNATURE: | | 425-05 | | 561-276-6684 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |