


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18055**  
 1. Entity Name  
**THE 160 CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O JOHN G SALATINO          160 SE 6TH AVE B-1          DELRAY BCH, FL 33483</b>	Mailing Address <b>C/O JOHN G SALATINO          160 SE 6TH AVE B-1          DELRAY BCH, FL 33483</b>
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02162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6861731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALATINO, JOHN G  
 160 SE 6TH AVE B-1  
 DELRAY BCH, FL 33483**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

100000482900  
 04/11/06-20091-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALATINO, JOHN G 160 SE 6TH AVE B-1 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALATINO, VALERIE 160 SE 6TH AVE B-1 DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIGON, PETER 160 SE 6TH AVE A-1 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 empowered.

SIGNATURE: *John G. Salatino* Date: 2-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #