


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N18055 1. Entity Name THE 160 CENTER CONDOMINIUM ASSOCIATION, INC.	
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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
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01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

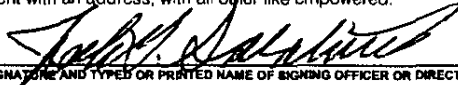
10. OFFICERS AND DIRECTORS

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	

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 05/16/08-80028-019 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.10.08
Date Daytime Phone #