

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90325 034 ****61.25

DOCUMENT # N93000002020

1. Entity Name

SALEM SQUARE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

CAUMBER MGT, INC
 Suite, Apt. #, etc.
3220B US 19 NORTH

CAUMBER MGT, INC
 Suite, Apt. #, etc.
3220B US 19 NORTH

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
59-3184550

Applied For
 Not Applicable

Zip
34684

Country
USA

Zip
34684

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZSCHAU, JULIUS J
911 CHESTNUT STREET
CLEARWATER FL 33756

Name
JOSEPH R. CIANFRONE
 Street Address (P.O. Box Number is Not Acceptable)
1968 BAYSHORE BLVD
 City
DUNEDIN FL Zip Code
34698

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.

SIGNATURE *Joseph R. Cianfrone*
 Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SELLINGER, JOHN	311 PARK PLACE, SUITE 600	CLEARWATER FL 33759	<input checked="" type="checkbox"/>
STD	SICKLE, LINDA	311 PARK PLACE, SUITE 600	CLEARWATER FL 33759	<input checked="" type="checkbox"/>
VPD	MILLER, FRANCINE	311 PARK PLACE, SUITE 600	CLEARWATER FL 33759	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	WAGNER, JAMES	3810 TIMBER RIDGE CT	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BPD	CHARLES GREEN	3813 DARSTON ST	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	HARRY VARGAS	3854 TIMBER RIDGE CT	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TB	ROGER AARAD	3845 DARSTON ST	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ERNEST W. SOLTWISCH	3865 DARSTON ST	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE: *Charles Green*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/18/00*
 Daytime Phone #

CR2E037 (9/99)