


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90023 037 \*\*\*150.00

**DOCUMENT # P93000039592**

1. Entity Name  
**SALT AIR COTTAGES AND APARTMENTS, INC.**



Principal Place of Business      Mailing Address  
**3936 EDEN ROCK CIRCLE WEST**      **3936 EDEN ROCK CIRCLE WEST**  
**TAMPA FL 33634**      **TAMPA FL 33634**

2. Principal Place of Business      3. Mailing Address  
**1616 N GULF Blvd,**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State      City & State  
**Indian Rocks Beach FL**      City & State  
 Zip      Country      Zip      Country  
**33785**      **US**

4. FEI Number      Applied For  
**59-3185833**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TAMBORELLO, HENRY JR.**  
**3936 EDEN ROCK CIRCLE WEST**  
**TAMPA FL 33634**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TAMBORELLO, HENRY JR.</b>
STREET ADDRESS	<b>3936 EDEN ROCK CIRCLE WEST</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TAMBORELLO, JOSEPH SR.</b>
STREET ADDRESS	<b>7915 MEADOWCROFT PL.</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARSONS, ROSE A</b>
STREET ADDRESS	<b>8124 BAY DR.</b>
CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
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 607, 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: Henry Tamborello Jr.      Date: 4-14-05      Daytime Phone #: 813 882-8433

66010334



1st MOORE      CR2E034 (10/04)