FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754286

1. Corporation Name

SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
251-172ND STREET MIAMI BEACH FL 33160	251-172ND STREET MIAMI BEACH FL 33160

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**3.** Date Incorporated or Qualifed **09/23/1980**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**4.** FEI Number **59-2190433** — Applied For / Not Applicable
City & State **23**	City & State **28**	**5.** Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip **24** / Country **25**	Zip **29** / Country **30**	**6.** Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANCES SALUTO 251 172ND ST. MIAMI BCH. FL 33160	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City — **FL** — **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Frances Saluto* FRANCES SALUTO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P **NAME** SALUTO, FRANCES "FANNY" **STREET ADDRESS** 251 - 172ND ST. #125 **CITY-ST-ZIP** MIAMI FL	☐ DELETE	**1.1 TITLE** DIRECTOR **1.2 NAME** GISELE MORIN **1.3 STREET ADDRESS** 251-172 ST APT #321 **1.4 CITY-ST-ZIP** SUNNY ISLES BEACH FL 33160	☐ Change ☑ Addition
TITLE VP **NAME** KRASNICK, ARTHOR **STREET ADDRESS** 950 NW 199 ST. **CITY-ST-ZIP** MIAMI FL	☐ DELETE	**2.1 TITLE** **2.2 NAME** **2.3 STREET ADDRESS** **2.4 CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE TD **NAME** PEREZ, JOSEPH **STREET ADDRESS** 251 172ND ST #109 **CITY-ST-ZIP** MIAMI, FL 00000	☐ DELETE	**3.1 TITLE** **3.2 NAME** **3.3 STREET ADDRESS** **3.4 CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE SD **NAME** CAPOTE, DELIA **STREET ADDRESS** 253-172 OT #203 **CITY-ST-ZIP** MIAMI BEACH FL	☐ DELETE	**4.1 TITLE** **4.2 NAME** **4.3 STREET ADDRESS** **4.4 CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE D **NAME** SCHNEIDER, LARRY **STREET ADDRESS** 251-172ST #206 **CITY-ST-ZIP** N MIAMI BEACH FL	☐ DELETE	**5.1 TITLE** **5.2 NAME** **5.3 STREET ADDRESS** **5.4 CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE D **NAME** FRANK GUARINO **STREET ADDRESS** 650 GOLDEN BEACH DR **CITY-ST-ZIP** GOLDEN BEACH FL 33160	☐ DELETE	**6.1 TITLE** **6.2 NAME** **6.3 STREET ADDRESS** **6.4 CITY-ST-ZIP**	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ APRIL 1, 99 947-6063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)