

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90125 026 \*\*\*\*61.25

<b>DOCUMENT # N00000000341</b> 1. Entity Name <b>SALTPONDS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3635 SEASIDE DRIVE., UNIT 103 KEY WEST FL 33040</b>			Mailing Address <b>3635 SEASIDE DRIVE., UNIT 103 KEY WEST FL 33040</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1003806</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KATZMAN, LEIGH 5581 WEST OAKLAND PARK BLVD., 2ND FL LAUDERHILL FL 33313</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELIO, LISA P 3635 SEASIDE DRIVE, UNIT 103 KEY WEST FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLLACK, JOAN E 3635 SEASIDE DRIVE, UNIT 103 KEY WEST FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WEINHOFFER, JOANNA L 3635 SEASIDE DRIVE., UNIT 103 KEY WEST FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKPATRICK, ROBERT BRIAN 3635 SEASIDE DRIVE, UNIT 103 KEY WEST FL 33-3040	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Creighton 3635 Seaside Drive, Unit 103 Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean Griffith 3635 Seaside Drive, Unit 103 Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berry Rikard, Jr. 3635 Seaside Drive Unit 103 Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Lisa P. Delio</i> <b>Lisa P. Delio</b>				4-30-04 305-292-0222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

Attachment  
24073075

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**SaltPonds Condominium Association, Inc.**

SaltPonds Condominium  
Key West, Florida

#P00000000 341

May 4, 2004

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

To whom it may concern,

I am posting this report 3 days late. While I certainly understand the need for timely responses, I believe we have extenuating circumstances.

I am the manager of a small four year old association. My Board is still working with growing pains of a new association. I was injured in a fall approximately a month ago and have just come back to work. In my absence, this annual report update was one of the many items they let slip through the cracks.

I am more than willing to provide you with doctor's info or surgical info to prove this occurred.

I am hoping you will be able to waive the fee for this late update in light of the circumstances.

Please feel free to contact me at #305-292-0222. Thank you in advance for your consideration in this matter.

Sincerely,



Joanna L. Weinhofer, Manager