

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

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90002 013 ****70.00

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1. Entity Name

SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
251-172ND STREET
MIAMI BEACH FL 33160

54071638



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALUTO, FRANCES
251-172ST APT. 125
SUNNY ISLE BEACH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SALUTO, FRANCES "FANNY"
STREET ADDRESS 251 - 172ND ST. #125
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D ☐ Change ☒ Addition
NAME ISREAL PELLOT
STREET ADDRESS 251-172nd #218
CITY-ST-ZIP SUNNY ISLE BEACH FL 33160

TITLE VP ☒ Delete
NAME TOSKOVIC, NEBOJSA
STREET ADDRESS 253-172ST #107
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE V.P. ☐ Change ☒ Addition
NAME ALEX CABANAS
STREET ADDRESS 251-172nd APT 322
CITY-ST-ZIP SUNNY ISLE BEACH FL 33160

TITLE TD ☐ Delete
NAME PEREZ, JOSEPH
STREET ADDRESS 251 172ND ST #109
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CAPOTE, DELIA
STREET ADDRESS 253-172 OT #203
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHNEIDER, LARRY
STREET ADDRESS 251-172ST #206
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUARINO, MARGARET
STREET ADDRESS 650 GOLDEN BEACH
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE ☐ Change ☐ 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 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:

Larry Schneider - Larry Schneider 9/1/04

Date

Daytime Phone #

(305) 947-6063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR