

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90002 046 \*\*\*\*70.00

**DOCUMENT # 754286**

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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**SALUTO, FRANCES GEORGE BRICENO**  
**251-172ST APT. 125**  
**SUNNY ISLE BEACH, FL 33160**



03232006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2190433**

Applied For  
 Not Applicable

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

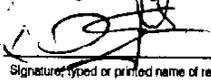
7. Name and Address of New Registered Agent

Name  
**Aristo Doltchinkov**

Street Address (P.O. box number is not acceptable)  
**251-172nd Street**  
**UNIT 216**

City  
**SUNNY ISLE BEACH FL** Zip Code  
**33160**

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

Filing Fee is **\$61.25**  
 Due by **May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SALUTO, FRANCES "FANNY"	
STREET ADDRESS	251 - 172ND ST. #125	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLOT, ISREAL	
STREET ADDRESS	251-172 CT #218	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, JOSEPH	
STREET ADDRESS	251 172ND ST #109	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPOTE, DELIA	
STREET ADDRESS	253-172 OT #203	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, LARRY	
STREET ADDRESS	251-172ST #206	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUARINO, MARGARET	
STREET ADDRESS	650 GOLDEN BEACH	
CITY-ST-ZIP	GOLDEN BEACH, FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX CABANAS	
STREET ADDRESS	10101 SW 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO DAVILA	
STREET ADDRESS	251 - 172 STREET # 110	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE BRICENO	
STREET ADDRESS	251 - 172ND STREET # 104	
CITY-ST-ZIP	SUNNY ISLES BEH, FL 33160	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAILEEN ALVAREZ	
STREET ADDRESS	251-172ND STREET #323	
CITY-ST-ZIP	SUNNY ISLES BEH FL 33160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISTO DOLTCHINKOV	
STREET ADDRESS	251-172ND STREET #	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **George Briceno** Director 8/10/06 305 9476063  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #