

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 741783

**Entity Name:** SALISBURY E. CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC6608007072**

**Current Principal Place of Business:**

C/O JEAN POWERS  
100 SALISBURY E  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

SALISBURY E C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-2507825**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POWERS, JEAN  
100 SALISBURY E  
WEST PALM BEACH, FL 33417 US

*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.*

**SIGNATURE: JEAN POWERS**

**04/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            POWERS, JEAN  
Address        100 SALISBURY E  
City-State-Zip: WEST PALM BEACH FL 33417

Title            SECRETARY, VP  
Name            LAUZON, MARIEL  
Address        116 SALISBURY E  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            ORIEL, ALFRED  
Address        109 SALISBURY E  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            PIERRE, JOSEPH  
Address        101 SALISBURY E  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            FEIMSTER, JAY  
Address        103 SALISBURY E  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIEL LAUZON (GT)**

**VP & SECRETARY**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date