

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742783

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

**Current Principal Place of Business:**

76 SALISBURY D  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

SALISBURY D C/O SEACREST SERVICES INC  
2101 CENTERPARK W DR #110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1730323

**Certificate of Status Desired:** No

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

MCCULLON, ROBERTA  
78 SALISBURY D  
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:** ROBERTA MCCULLON

02/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCCULLON, ROBERTA  
Address 78 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY  
Name CAGNEY, JOHN  
Address 26 RONDOUT HARBOR  
City-State-Zip: PORT EWEN NY 12466

Title TREASURER, RECEIVER  
Name DAVIES, TREVOR  
Address 95 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name WECHSLER, ARNOLD S  
Address 76 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name WEISMAN, MARTIN S  
Address 92 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name FRIEDMAN, IRIS  
Address 74 SALISBURY D  
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:** ARNOLD WECHSLER (SK)

PRESIDENT

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date