

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742783

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

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC7342622859**

**Current Principal Place of Business:**

90 SALISBURY D  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

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

**FEI Number:** 59-1730323

**Certificate of Status Desired:** No

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

DICKER, KRIVOK & STOLOFF P.A.  
EDWARD DICKER  
1818 AUSTRALIAN AVENUE S SUITE 400  
WEST PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name GAWRONIAK, ROBERT  
Address 85 SALSBUY D  
City-State-Zip: WEST PALM BEACH FL 33417

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

Title DIRECTOR  
Name CAGNEY, JOHN  
Address 81 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name NOLLMAN, RAY  
Address 87 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title P  
Name ZARET, MARCIA  
Address 90 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

Title DIRECTOR  
Name DAVIDSON, RALPH  
Address 73 SALISBURY D  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name DAVIDSON, RALPH  
Address 73 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: ROBERT GAWRONIAK**

**SECRETARY**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date