

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

DOCUMENT# N00000000341

**Entity Name:** SALTPONDS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3635 SEASIDE DRIVE  
103  
KEY WEST, FL 33040**Current Mailing Address:**3635 SEASIDE DRIVE  
103  
KEY WEST, FL 33040**FEI Number:** 65-1003806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA CAMARA, ROSA MESQ  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 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	AT LARGE
Name	DE LAURO, FRANK
Address	3635 SEASIDE DRIVE # 104
City-State-Zip:	KEY WEST FL 33040

Title	MGR
Name	HOLTKAMP, ROGER
Address	28 KEY HAVEN ROAD
City-State-Zip:	KEY WEST FL 33040

Title	VP
Name	MASHTAKOV, SERGE
Address	3635 SEASIDE DRIVE # 210
City-State-Zip:	KEY WEST FL 33040

Title	PRES
Name	WHARTON, SIDNEY
Address	3655 SEASIDE DR., #220
City-State-Zip:	KEY WEST FL 33040

Title	SECRETARY
Name	NYE, BRAD
Address	3635 SEASIDE DRIVE # 309
City-State-Zip:	KEY WEST FL 33040

Title	TREASURER
Name	MURRELL, ROBERT
Address	3635 SEASIDE DRIVE # 105
City-State-Zip:	KEY WEST FL 33040

*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:** ROGER HOLTKAMP**MANAGER****01/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date