

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90292 010 \*\*\*\*61.25

<b>DOCUMENT # 742784</b> 1. Entity Name <b>SALISBURY F CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>SALISBURY F-139 CENTURY VILLAGE WEST PALM BEACH, FL 33417</b>		Mailing Address <b>SALISBURY F-139 CENTURY VILLAGE WEST PALM BEACH, FL 33417</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>SEACREST SERVICES, INC 2400 Center Park W. Drive Suite 175 West Palm Beach, FL 33409-6405</b>	
4. FEI Number <b>59-1656287</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NOETH, RAYMOND SALISBURY F 139 WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent Name <b>Mohamed A Fargally</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 SALISBURY F</b> City <b>W. P. B</b> FL Zip Code <b>33417</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CHARNEY, DAVID 129 SALISBURY F WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Jacqueline Karlan 131 Salisbury F West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GORGALL, MOHAMMED SALISBURY F 140 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Fargally, Mohamed 140 Salisbury F West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD BREIER, DOROTHY SALISBURY F 131 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Terry Kaskel 125 Salisbury F West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD NOETH, RAYMOND SALISBURY F 139 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Sevqin McAley 139, Salisbury F West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D1 LOTITO, ELEANOR 132 SALISBURY F WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D1 MBL Brier 143 SALISBURY F W. P. B 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D UGARTE, URMA SALISBURY F 123 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHARNEY, DAVID 129 SALISBURY F W. P. B FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b>		Date <b>04-25-05</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			