

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90009 039 \*\*\*\*61.25

**DOCUMENT # 742784**

1. Entity Name  
**SALISBURY F CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**SALISBURY F-140  
CENTURY VILLAGE  
WEST PALM BEACH, FL 33417**

Mailing Address  
**SEACREST SERVICES, INC  
2400 CENTER PARK W. DRIVE STE 175  
WEST PALM BEACH, FL 33409**

400100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1656287**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARGALLY, MOHAMMED  
140 SALISBURY F  
WEST PALM BEACH, FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Mohamed Fargally

(NOTE: Registered Agent signature required when reinstating)

DATE 3/26/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KARLAM, JAQUELINE ☐ Delete  
STREET ADDRESS 131 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE PD  
NAME Fargally Mohamed ☒ Change ☐ Addition  
STREET ADDRESS 140 Salisbury F  
CITY-ST-ZIP W.P.B. Fla. 33417

TITLE VD  
NAME FARGALLY, MOHAMMED ☐ Delete  
STREET ADDRESS 140 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VD  
NAME Belardo, Salvatore ☐ Change ☐ Addition  
STREET ADDRESS 137 Salisbury F  
CITY-ST-ZIP W.P.B. Fla. 33417

TITLE SD  
NAME KASKAL, TERRY ☐ Delete  
STREET ADDRESS 125 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE SD  
NAME Karlan, Jacqueline ☒ Change ☐ Addition  
STREET ADDRESS 131 Salisbury F  
CITY-ST-ZIP W.P.B. Fla. 33417

TITLE TD  
NAME BREIER, MEL ☐ Delete  
STREET ADDRESS 143 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD  
NAME Breier Mel ☐ Change ☐ Addition  
STREET ADDRESS 143 Salisbury F  
CITY-ST-ZIP W.P.B. Fla. 33417

TITLE D1  
NAME UGANTE, IRMA ☐ Delete  
STREET ADDRESS 123 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D2  
NAME LOTITO, ELEANOR ☐ Delete  
STREET ADDRESS 132 SALISBURY F  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE D2  
NAME Lotito, Eleanor ☐ Change ☐ Addition  
STREET ADDRESS 132 Salisbury F  
CITY-ST-ZIP W.P.B. Fla. 33417

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/24/07 Daytime Phone 87