

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000341

FILED
Apr 14, 2009
Secretary of State

Entity Name: SALTPONDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3635 SEASIDE DRIVE
103
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3635 SEASIDE DRIVE
103
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1003806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CAMARA, ROSA M ESQ
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CORUSO, ROBERT
Address: 3635 SEASIDE DR. #127
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: WARTON, SIDNEY
Address: 3635 SEASIDE DR., #208
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: THOMPSON, MELVIN
Address: 3635 SEASIDE DRIVE., UNIT 103
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: HOLTKAMP, ROGER
Address: 28 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER HOLTKAMP

MRG

04/14/2009

Electronic Signature of Signing Officer or Director

Date