

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000341

FILED
Mar 15, 2011
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: TREA
Name: TRIBLE, BRIAN
Address: 3655 SEASIDE DR. #129
City-St-Zip: KEY WEST, FL 33040 MO

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

Title: VP
Name: THOMPSON, MELVIN
Address: 3635 SEASIDE DRIVE., UNIT 213
City-St-Zip: KEY WEST, FL 33040 MO

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

Title: SEC
Name: NYE, BRAD
Address: 3635 SEASIDE DRIVE #309
City-St-Zip: KEY WEST, FL 33040 MO

Title: AT L
Name: WEBSTER, MARY
Address: 3635 SEASIDE DRIVE # 305
City-St-Zip: KEY WEST, FL 33040 MO

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

MGR

03/15/2011

Electronic Signature of Signing Officer or Director

_____ Date