

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 28, 2009
Secretary of State

DOCUMENT# N04000003905

Entity Name: SALTAIRE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955**New Principal Place of Business:****Current Mailing Address:**1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955**New Mailing Address:****FEI Number:** 20-4145672**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955 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:** PD () Delete
Name: SWEETON, JOHN
Address: 1978 ROCKLEDGE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** STD () Delete
Name: KLEIN, DEBBIE
Address: 1978 ROCKLEDGE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: DWYER, NANCY
Address: 1978 ROCKLEDGE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

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: VAN MOORE

RA

10/28/2009

Electronic Signature of Signing Officer or Director

Date