2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N04000004096

Entity Name: SALISBURY ROAD LAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4237 SALISBURY ROAD
BUILDING 1 SUITE 100
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY ROAD
BUILDING 1 SUITE 100
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 42-1630437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUYRES, DAVID J
2412 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043 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: MUYRES, DAVID
Address: 1409 KINGSEY AVENUE BLDG. 2
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete
Name: VAN WINKEL, ROBERT
Address: 4237 SALISBURY RD N #409
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: BUTTNER, IV, EDWARD W
Address: 4237 SALISBURY ROAD #100
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: SALDUTTI, JIM
Address: 4237 SALISBURY ROAD BLDG 2
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: MARVIN, MALCOLM
Address: 4237 SALISBURY ROAD BLDG 3
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: DAVID J MUYRES PD 03/30/2009
Electronic Signature of Signing Officer or Director — Date