


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N04343 1. Entity Name 1520 SALZEDO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1520 SALZEDO ST. CORAL GABLES, FL 33134	Mailing Address 1520 SALZEDO ST. CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent VALDES, ISABEL M 1520 SALZEDO STREET, APT C CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, ISABEL M 1520 SALZEDO COURT CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE U00000824730 02/20/08-80089-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIO, MARGARITA N. 1520 SALZEDO ST. CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEITES, MARIA 1520 SALZEDO ST. CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Margarita N. Palacio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/6/08</u> Daytime Phone # <u>786-859-2286</u>