

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90091 014 \*\*\*\*61.25

<b>DOCUMENT # N26289</b> 1. Entity Name <b>SALISBURY B CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SALISBURY B CONDO ASSOCIATION</b> <b>25 SALISBURY B</b> <b>WEST PALM BEACH, FL 33417 US</b>				Mailing Address <del>GLADYS JENKINS</del> <del>25 SALISBURY B</del> <b>WEST PALM BEACH, FL 33417 US</b>	
2. Principal Place of Business - No P.O. Box # <b>SALISBURY B Condo Association</b>				3. Mailing Address <b>DENNIS M CONROY</b>	
Suite, Apt. #, etc. <b>70 SALISBURY B</b>		Suite, Apt. #, etc. <b>70 SALISBURY B</b>		01312007 Chg-NP CR2E037 (12/06)	
City & State <b>WEST PALM BEACH FL</b>		City & State <b>WEST PALM BEACH FL</b>		4. FEI Number <b>59-2378151</b>	
Zip <b>33417</b>		Zip <b>33417</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JENKINS, GLADYS</b> <b>25 SALISBURY B</b> <b>WEST PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name <b>DENNIS M CONROY</b> Street Address (P.O. Box Number is Not Acceptable) <b>70 SALISBURY B</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33417</b>	
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 <b>2/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S JENKINS, GLADYS 25 SALISBURY B WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLADYS JENKINS 25 SALISBURY B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/T KESSLER, MARVIN 37 SALISBURY B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DENNIS M CONROY 70 SALISBURY B WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHMID, AXEL 47 SALISBURY B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM SPRADER, DONNA 39 SALISBURY B WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM BRIEN, ED 45 SALISBURY B WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM SILANO, SARAH 28 SALISBURY B WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: <b>2/1/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					