

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 012 ****61.25

DOCUMENT # N37366

1. Entity Name

SALISBURY I CV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**SALISBURY I CONDO ASSOC
207 SALISBURY I
W. PALM BEACH FL 33417**

Mailing Address

**SALISBURY I CONDO ASSOC
207 SALISBURY I
W. PALM BEACH FL 33417**

50021539



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1645422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWLING, JEAN
207 SALISBURY I
W. PALM BEACH FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **DOWLING, JEAN**
STREET ADDRESS **207 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **BOD** ☐ Change ☒ Addition
NAME **GEORGE DOWLING**
STREET ADDRESS **207 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **T** ☐ Delete
NAME **DOWLING, LORETTA**
STREET ADDRESS **216 SALISBURY I**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **BOD** ☐ Change ☐ Addition
NAME **STANLEY DOWLING**
STREET ADDRESS **216 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D-** ☐ Delete
NAME **DENIGRIS, HELEN**
STREET ADDRESS **201 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NELSON, JAMES**
STREET ADDRESS **202 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SWANBON, VIRGINIA**
STREET ADDRESS **208 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **SUE FOX**
STREET ADDRESS **205 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **BOD** ☒ Delete
NAME **FIQMAN, LOU**
STREET ADDRESS **212 SALISBURY I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #