2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Feb 16, 2006 8:00 am Secretary of State

FILED

DOCUMENT # N37796 1. Entity Name SALISBURY C CONDOMINIUM ASSOCIATION, INC.									02-16-2006	5 9003 ²	4 048 *		5
Principal Place of Business C/O PHYLLIS DEFEO 52 SALISBURY C WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SVCS INC 2400 CENTRE PARK W DR WEST PALM BEACH, FL 33409 US										
2. Principal Place of Business			3. Mailing Address								11311 11311 11 <u>3</u>	II) B¦ BL IBEI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01202006	Chg-NP	C	R2E037	(11/05)	
City & State			City & State			- <u></u> -		4. FEI Number 59-164				 	oplied For of Applicable
Zip		Country	Žip	Zip Cou		untry	ıtry		of Status Desir		<u></u>	8.75 Add ee Require	
	6. Name	and Address of Current F	legistered A	gent		<u> </u>		7. Name and	Address of No	ew Regis	stered A	gent	
COODIAA	א כו אוסו	=				Name							
GOODMAN, CLAIRE 49 SALISBURY C WEST PALM BEACH, FL 33412-1945						Street Address (P.O. Box Number is Not Acceptable)							
						City					P** 1	Zip Cod	e
											FL		
	ions of regis	ty submits this statement for stered agent.			g		- 3						, i
	Signature, typed	d or printed name of registered agent a	nd title if applicat	ele. (NOT	E: Registere	ed Agent signet	ıre required	i when reinstating)			DATE		
	Filing Fe	d or printed name of registered agent a ee is \$61.25 May 1, 2006	nd title if applicat	9. Election Cal Trust Fund (mpaign f	Financing	ire required	\$5.00 May E Added to Fees	Зе		check	payable t	
10.	Filing Fe	ee is \$61.25		9. Election Car	mpaign f	Financing tion.		\$5.00 May E		Florida	check Departi	ment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAKE, DI 69 SALIS	ee is \$61.25 May 1, 2006 OFFICERS AND DIR		9. Election Car	mpaign f Contribut 11. TITL NAM STRI	Financing tion.	P P P S S S S S S S S S S S S S S S S S	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OF	FICERS /	check Departi	ment of S	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (561) 682-1933