

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 037 ****61.25

DOCUMENT # N37796 1. Entity Name SALISBURY C CONDOMINIUM ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1646678	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOODMAN, CLAIRE 49 SALISBURY C WEST PALM BEACH, FL 33412-1945				7. Name and Address of New Registered Agent Name: Paul Truczinskas Street Address (P.O. Box Number is Not Acceptable) 58 Salisbury C City: West Palm Bch FL Zip Code: 33417	
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) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME TEUCZINSKAS, PAUL STREET ADDRESS 58 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE P NAME PAUL TRUCZINSKAS STREET ADDRESS 58 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME TRUCZINSKAS, PAUL STREET ADDRESS 58 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DATTERIO, BARBARA STREET ADDRESS 62 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HUGH BOYLE STREET ADDRESS 64 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FLORANCE SLATTERY STREET ADDRESS 72 SALISBURY C CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 2/19/08 (32) 411-5604					

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