

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 019 ****61.25

DOCUMENT # N38235 1. Entity Name SALISBURY A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WEST PALM BCH./FL APT 12 A SALISBURY WEST PALM BCH., FL 33417				Mailing Address C/O HANNAH VINE APT 12 A SALISBURY WEST PALM BCH., FL 33417	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 90 KENNETH D. OPPEL # 4 SALISBURY "A" Suite, Apt. #, etc. WEST PALM BEACH, FL City & State Zip Country 33417 USA.			
4. FEI Number 59-1646406				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08042006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent HANNAH VINE 12 SALISBURY A WEST PALM BCH., FL 33417				7. Name and Address of New Registered Agent Name KENNETH D. OPPEL Street Address (P.O. Box Number is Not Acceptable) 4 SALISBURY "A" City WEST PALM BEACH 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 <u>Kenneth D. Oppel</u> 08-07-2006 <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 September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MC DONOUGH, DONALD 13 SALISBURY A WEST PALM BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OPPEL, KENNETH D. 4 SALISBURY "A" WEST PALM BEACH, FL.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAY, STANLEY 21 SALISBURY A WEST PALM BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT WILLARD PULSIFER 3 SALISBURY A WEST PALM BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANNERMAN, ALBERTA 7 SALISBURY A WEST PALM BEACH, FL	<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	S HANNAH VINE 12 SALISBURY A WEST PALM BCH., FL	<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	BD OPPEL, KENNETH 4 SALISBURY A W PALM BEACH, FL	<input checked="" 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: <u>Kenneth D. Oppel</u> KENNETH D. OPPEL 561-616-8293 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					