
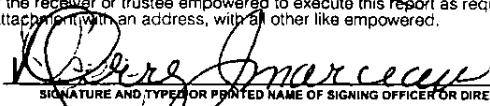


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90182 019 \*\*\*\*61.25

<b>DOCUMENT # N93000002020</b> 1. Entity Name <b>SALEM SQUARE II HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>701 ENTERPRISE RD. EAST 704 SAFETY HARBOR, FL 34695 US</b>			Mailing Address <b>701 ENTERPRISE RD. EAST 704 SAFETY HARBOR, FL 34695 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04082008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3184550</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CIANFRONE, JOSEPH R 1964 BAYSHORE BLVD DUNEDIN, FL 34698</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STAFFOPOULOS, GEORGE</b>		NAME		
STREET ADDRESS	<b>3888 TIMBER RIDGE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARCIANO, ORRY J</b>		NAME		
STREET ADDRESS	<b>3849 DARSTON STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANG, FRANCIS X</b>		NAME	<b>VP Gloria Kaminski</b>	
STREET ADDRESS	<b>3899 DARSTON ST.</b>		STREET ADDRESS	<b>3825 DARSTON ST.</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARESCA, JOHN</b>		NAME	<b>T CEEJAY STITES</b>	
STREET ADDRESS	<b>3856 MUIRFIELD CT</b>		STREET ADDRESS	<b>3869 Timber Ridge Ct</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAUER, ANNE</b>		NAME		
STREET ADDRESS	<b>3858 MUIRFIELD CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>4/12/08</b> <b>7277858651</b> <small>Date    Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					