

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002020

FILED
Jan 07, 2009
Secretary of State

Entity Name: SALEM SQUARE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

701 ENTERPRISE RD. EAST
704
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

701 ENTERPRISE RD. EAST
704
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

701 ENTERPRISE RD. EAST
405
SAFETY HARBOR, FL 34695 US

New Mailing Address:

701 ENTERPRISE RD. EAST
405
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3184550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAFFOPOULOS, GEORGE
Address: 3888 TIMBER RIDGE CT
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: MARCIANO, ORRY J
Address: 3849 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

Title: VP () Delete
Name: KAMINSKI, GLORIA
Address: 3825 DARSTON ST.
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: STITES, CEESAY
Address: 3869 TIMBER RIDGE CT
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: LAUER, ANNE
Address: 3858 MUIRFIELD CT
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: STAFFOPOULOS, GEORGE
Address: 3888 TIMBER RIDGE CT
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: DAIDONE, GLORIA
Address: 3825 DARSTON ST.
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: ATHERHOLT, MARK
Address: 3885 TIMBER RIDGE CT
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORRY MARCIANO

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date