2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# P93000016625

Entity Name: SALTAIRE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

770 AIRPORT RD
UNIT #14
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

770 AIRPORT RD.
UNIT #14
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3182505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WALTER E III
315 S PALMETTO AVE
DAYTONA BEACH, FL 32114 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE CILLIS, JOSEPH R
Address: 694 BRECKENRIDGE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VTD ( ) Delete
Name: GROVES, SCOTT D
Address: 5570 MILES DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DE CILLIS PD 03/01/2008

Electronic Signature of Signing Officer or Director Date