2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 22, 2007 08:00 A Secretary of State DOCUMENT # P93000039592 1. Entity Name SALT AIR COTTAGES AND APARTMENTS, INC. Principal Place of Business Mailing Address 1616 N GULF BLVD 3936 EDEN ROCK CIRCLE WEST INDIAN ROCKS BEACH FL 33785 **TAMPA FL 33634** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3185833 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAMBORELLO, HENRY JR. 3936 EDEN ROCK CIRCLE WEST Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** City Zip Code FL 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** Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE - □ Delete TIDE ☐ Change ■ Addition TAMBORELLO, HENRY JR. NAME NAME 3936 EDEN ROCK CIRCLE WEST STHEET ADDRESS STREET ADDRESS **TAMPA FL 33634** CDY-ST-7IP CHY+SI-7IP mu ☐ Change Delete HILL Addition TAMBORELLO, JOSEPH SR. NAME U000000676181 7915 MEADOWCROFT PL. STREET ADDRESS. STREET ADDRESS 03/30/07-80048-017 150.00 **TAMPA FL 33615** CITY-ST-ZIP CHY-SI-7B TILLE Delete HILE ☐ Change Addition PARSONS, ROSE A NAME NAME STREET ADDRESS 8124 BAY DR. STRLET ADDRESS **TAMPA FL 33635** CHY-S1-ZIP CITY - ST- 7(P mu Detete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-St-7IP TITLE ☐ Delete ☐ Change ☐ Addition HIII NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagment with an address, with all other like empowered.

CITY-S1-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

Tamborello Jr 3/19/07