

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001987

**FILED
Apr 11, 2019
Secretary of State
3509511027CC**

Entity Name: THE SALVADOR OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
ST. PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
ST. PETERSBURG, FL 33716 US

FEI Number: 82-0744504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON, ERIC
501 E. KENNEDY BLVD.
SUITE 802
TAMPA, FL 33602 US

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: ERIC APPLETON

04/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ANDERSON, MARK
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name NEWMAN, PATRICIA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name OLSON, TOBY
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name PRICE, DEBRA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name BOUCHARD, JOHN SR.
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

I hereby 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 all other like empowered.

SIGNATURE: TOBY OLSON

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date