

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N17000001987

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

**FILED**  
**Sep 18, 2018**  
**Secretary of State**  
**CC4332484996**

**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  
1801 NORTH HIGHLAND AVENUE  
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**

**09/18/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
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            VP  
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: MARK ANDERSON**

**PRESIDENT**

**09/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date