

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001987

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:

GREENBERG, DANIEL ESQ.
1964 BAYSHORE BLVD
SUITE A
DUNEDIN, FL 34698 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: DANIEL GREENBERG

04/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title TREASURER
Name HOLOBINKO, MICHAEL
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: DOROTHY RITSCHEL

CAM

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date