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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722732

1. Corporation Name

SOLANO GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9252 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address

9252 SAN JOSE BLVD.
JACKSONVILLE FL 32257



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/21/1972

4. FEI Number

59-1504490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSCHUNI, ELLIOTT J
9252 SAN JOSE BLVD
JACKSONVILLE, FL
32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DART, ROBERT M.
STREET ADDRESS 9252 SAN JOSE BLVD, #1002
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME ROBINS, LEON
STREET ADDRESS 9252 SAN JOSE BLVD, #4402
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME LIVINGSTON, JOSEPH A.
STREET ADDRESS 9252 SAN JOSE BLVD, #1502
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ATD ☐ DELETE

NAME JACOBS, CHARLOETTE
STREET ADDRESS 9252 SAN JOSE BLVD, #4301
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME SCHUSTER, BARBARA
STREET ADDRESS 9252 SAN JOSE BLVD. #503
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (904) 731-0555

Date

Daytime Phone #

CR2E037 (11/98)