

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722732

1. Entity Name

SOLANO GROVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90028 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9252 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

9252 SAN JOSE BLVD.  
JACKSONVILLE FL 32257-9225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1504490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ATD ☐ Change ☒ Addition  
NAME SUSAN PERRY  
STREET ADDRESS 9252 SAN JOSE BLVD. #3304  
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Robert M. Dart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

(904) 731-0555

Date

Daytime Phone #