FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739326 (7)

1. Corporation Name
SOLANA OAKS, INC.

Principal Place of Business	Mailing Address
SOLANA OAKS, INC. 1201 SOLANA RODA NAPLES FL 33940 US	C/O ACCOUNTING & TAX ASSOC OF NAPLES INC 802 ANCHOR RODE DRIVE NAPLES FL 34103-2739 US

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 05/21/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 34103-3353
Country: 25

2a. Mailing Address
26 No INC. on name
Suite, Apt. #, etc.
27
City & State
28
Zip: 29
Country: 30

4. FEI Number: 59-1826332 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MELDON THOMAS E
C/O ACCOUNTING & TAX ASSOC. OF NAPLES INCx
802 ANCHOR RODE DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Accounting & Tax Associates of Naples
83
84 City: FL 85 Zip Code: 34103-2739

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DE CLERCQ, SUZANNE 1201 SOLANA RD. #3 NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JUSTUS, ESTER 1219 SOLANA OAKS ROAD, #17 NAPLES FL 33940	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GREGOIRE, JUDITH 1201 SOLANA OAKS ROAD, #4 NAPLES FL 33940	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/S/T NICHOLS, ANGELA 1201 SOLANA ROAD, #9 NAPLES, FL 34103-3353	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Suzanne deClercq SIGNATURE REQUIRED Suzanne deClercq, Pres. 4/22/97 (941) 261-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068915