FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90084 030 ****61.25

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DOCUMENT # 739326

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 33940-2739 US

2. Principal Place of Business 21	2a. Mailing Address 26 c/o Meldon Consultants	3. Date Incorporated or Qualifed 06/10/1977
Suite, Apt. #, etc: 22	Suite, Apt. #, etc. 27 800 Harbour Drive	4. FEI Number 59-1826332 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Naples, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 34103 / 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, MELDON E
ACCOUNTING & TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DRIVE
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Meldon Consultants

83
800 Harbour Drive

84 City: Naples **FL** 85 Zip Code: 34103

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 Thomas E. Meldon Thomas E. Meldon, C.A.M. April 19, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE CLERCQ, SUZANNE		1.2 NAME		
STREET ADDRESS	1201 SOLANA RD. #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	SDT	☒ DELETE	2.1 TITLE	D/VP	☐ Change ☒ Addition
NAME	NICHOLS, ANGELA		2.2 NAME	LOVEGROVE, AUBREY	
STREET ADDRESS	1201 SOLANA RD #9		2.3 STREET ADDRESS	1210 SHADY REST LANE, #12	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	DVP	☒ DELETE	3.1 TITLE	D/S/T	☐ Change ☒ Addition
NAME	GREGOIRE, JUDITH		3.2 NAME	CARRILLO, ROLANDO	
STREET ADDRESS	1201 SOLANA OAKS ROAD, #4		3.3 STREET ADDRESS	1201 SOLANA ROAD, #2	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Suzanne de Clercq **SIGNATURE REQUIRED** Suzanne de Clercq, President April 19, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #