2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 739326

Entity Name: SOLANA OAKS, INC.

Current Principal Place of Business:

SOLANA OAKS, INC.
1201 SOLANA RODA
NAPLES, FL 33940 US

New Principal Place of Business:

SOLANA OAKS, INC.
1201 SOLANA ROAD
NAPLES, FL 34103 US

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMIAMI TR NORTH #201
NAPLES, FL 341033017 US

New Mailing Address:

FEI Number: 59-1826332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMIAMI TR NORTH #201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: DE CLERCQ, SUZANNE
Address: 1201 SOLANA RD. #3
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: DORSEY, CHARLYNN
Address: 1210 SHADY REST LN #10
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: IRVIN, SHERRY
Address: 12119 SOLANA RD #16
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DE CLERCQ, SUZANNE
Address: 1201 SOLANA RD. #3
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GRISWOLD, WILLIAM
Address: 8176 SANCTUARY DRIVE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZANNE DECLERCQ PT 04/27/2009

Electronic Signature of Signing Officer or Director — Date