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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **758552** **(4)**

1. Corporation Name

SOLANA SHORES OWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
14761 PERDIDO KEY DR PENSACOLA FL 32507 US	PO BOX 34240 PENSACOLA FL 32507 US

3. Date Incorporated or Qualified: 05/28/1981

4. FEI Number: 59-2149753 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): 391 MAN O' WAR CT.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28): CANTONMENT FL
Zip (24) / Country (25)	Zip (29): 32533 / Country (30): ESCAMBIA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENTORS REALTY INC BILL ALEXANDER 10455 GULF BEACH HWY PENSACOLA FL 32507	81 Name: THOMAS C. DANIEL, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 391 MAN O'WAR CT. 83 84 City: CANTONMENT FL 85 Zip Code: 32533

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: T C Daniel — Thomas C. Daniel VR — 4/15/98
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	PD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	BECNEL, JAN		1.2 NAME	BECNEL, JAN N.	
STREET ADDRESS	14761 PERDIDO KEY DR 1		1.3 STREET ADDRESS	14761 Perdido Key Dr. #1	
CITY-ST-ZIP	PENSACOALF L		1.4 CITY-ST-ZIP	Pensacola FL 32507	
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	CAREDDU, KATHERINE		2.2 NAME	JENS, DANIEL K.	
STREET ADDRESS	P O BOX 1673 N/A		2.3 STREET ADDRESS	1926 Milan St.	
CITY-ST-ZIP	COVINGTON LA		2.4 CITY-ST-ZIP	New Orleans, LA 70115	
TITLE	STD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DANIEL, TOM		3.2 NAME	DANIEL, THOMAS C., VR	
STREET ADDRESS	391 O WAR CT		3.3 STREET ADDRESS	391 MAN O' WAR CT.	
CITY-ST-ZIP	CANTONMENT FL		3.4 CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE		☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME			4.2 NAME	PARKS, ROBIN E	
STREET ADDRESS			4.3 STREET ADDRESS	14761 Perdido Key Dr. #6	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pensacola, FL 32507	
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 (10/97)

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.

SIGNATURE: T C Daniel — Thomas C. Daniel Jr. — 4/15/98