2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # 758552 1. Entity Name SOLANA SHORES OWNERS ASSOC., INC.				03-28-2005 90053 029 ****		
14761 PERDIDO KEY DR 147 PENSACOLA, FL 32507 US #1 PEN		Mailing Address 14761 PERDIDO KEY D # 1 PENSACOLA, FL 32507				
		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·····	02102005 Chg-NP CR2E037 (10/03)	l	
City & State		City & State		4. FEI Number Applied For 59-2320835 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Securi		
: -6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
JENS, DANIEL K			Name	Name		
	RDIDO KEY DR		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
#1			<u> </u>			
PENSACC	DLA, FL 32507					
			City	FL Zip Co	de	
	tions of registered agent.		registered office or reg	istered agent, or both, in the State of Florida. I am familiar with	h, and accept	
		9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable Florida Department of		
10.	OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete		ECRETARY O EChange	Addition	
NAME	BECNEL, JAN		NAME -			
STREET ADDRESS CITY-ST-ZIP	14761 PERDIDO KEY DR #1 PENSACOLA, FL 32507		CITY-ST-ZIP	-		
	TD				. □ a date:	
TITLE NAME	JENS, DANIEL K	☐ Delete	TITLE NAME	Change	Addition	
STREET ADDRESS	181 W OAKRIDGE PK		STREET ADDRESS			
CITY-ST-ZIP	METAIRIE, LA 700054020		CITY-ST-ZP			
TITLE	VD	Delete	TITLE	Change	Addition	
NAME	MANNING, JERRY	E Deserte	NAME	El cimbo		
STREET ADORESS	P.O. BOX 1728		STREET ADDRESS			
CITY OT 210	TUCCALOGGA AL 25402		COTY OT 700			

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 attachagent with an address, with all other like empowered.

TITLE

NAME

TITLE

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE: ⊆

TITLE

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CITY-ST-ZIP

Pro DANIEL K. JENS

Delete

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TREASULER 3-17-05 504-838-9434

te .

TOOO LATSHAW

PO BOX 120

PRESIDENT D 1001 N. BARCELONA

PENSACOLA, FL 32501
RAVICE PRESIDENT D
RICE JONES

RABUN GAP GA 30568

Deytime Phone #

☐ Change

Change

Addition

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■ Addition