FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # N00000004585 1. Entity Name SOLANA LAKE CONDOMINIUM ASSOCIATION, INC. 04-29-2002 90020 010 ****61.25 Principal Place of Business Mailing Address 1600 NORTH ATLANTIC AVENUE SUITE 201 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3662573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSLEY, CURTIS R ESQ Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN AVENUE **MELBOURNE FL 32901** City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. 🙏 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 😘 Delete TITLE Addition Hayward, Kathleen GRANDLICH, JOHN NAME 1 NAME 1600 NORTH ATLANTIC AVENUE SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-7IP DVAS TITLE ☐ Delete TITLE WASDIN, MILLIE NAME NAME wasdin, Millie 1600 NORTH ATLANTIC AVENUE SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP DVS TITLE Delete TITLE Change ☐ Addition Bennett, Brenda Benneth Brenda NAME NAME 1600 NORTH ATLANTIC AVENUE SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachment with an address, with all other like empowered.

SIGNATURE

BRENDA C.BENNETT 4/3/02 321-784-8693