


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 017 ****61.25

DOCUMENT # N00000004585

1. Entity Name
SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1600 NORTH ATLANTIC AVENUE SUITE 201
COCOA BEACH, FL 32931

Mailing Address
1600 NORTH ATLANTIC AVENUE SUITE 201
COCOA BEACH, FL 32931

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3662573

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSLEY, CURTIS R ESQ
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVACQUO, SAL 8871 LAKE DR # 406 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANCHARD, GERALD 8951 LAKE DR # 306 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Brokus, Mary Ann 8911 Lake Dr # 404 Cape Canaveral Fl 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNEEN, BILL 8961 LAKE DR # 301 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDAN, DEBBIE 8431 LAKE DR. # 202 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, DON 8951 LAKE DR # 304 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sult, Neil 8921 Lake Dr. # B506 CAPE CANAVERAL FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAYAZ, HECTOR 8921 LAKE DR. # 403 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD margadonna, BOB 8941 Lake Dr # 301 CAPE CANAVERAL FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Deborah W. Gordon 4-7-06 799-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ANNUAL REPORT

ATTACHMENT

DOCUMENT # N00000004585

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SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.



PAID
APR 07 2006
BY: [Signature]

40046834

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