


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 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
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DOCUMENT # **N96000002133 (4)**

1. Corporation Name

THE 110 SOLANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 110 SOLANA ROAD PONTE VEDRA BEACH FL 32082	Mailing Address 110 SOLANA ROAD PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

59-3374652

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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

**SIMON, BERT C
1680 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32207**

81 Name Walter Dickinson, Inc., Fran Pepis, Agent	85 Zip Code 32202
82 Street Address (P.O. Box Number is Not Acceptable) One Independent Dr. Suite #2401	
83 City Jacksonville, FL	

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 *Walter Dickinson Inc. Fran Pepis Agent*

2-16-98

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	<input type="checkbox"/> DELETE
NAME GERVIN, SYD	
STREET ADDRESS 1600 INDEPENDENT SQUARE	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE VD	<input type="checkbox"/> DELETE
NAME WILSON, RUTH	
STREET ADDRESS 110 SOLANA ROAD, SUITE 100	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	
TITLE STD	<input type="checkbox"/> DELETE
NAME WILLIAMS, LEWIS D	
STREET ADDRESS 1600 INDEPENDENT SQUARE	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Koski, George	
1.3 STREET ADDRESS 110 Solano Rd., Suite #106	
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Gervin, Syd	
2.3 STREET ADDRESS One Independent Dr. Suite #1600	
2.4 CITY-ST-ZIP Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Wilson, Ruth	
3.3 STREET ADDRESS 110 Solana Road, Suite #100	
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Syd Gervin* **Syd Gervin, Vice President**

February 24, 1998

CR2E037 (10/97)