

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002133

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** THE 110 SOLANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

%SUNCASTLE PROPERTIES, INC.  
830 A1A NORTH, STE 4  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

% SUNCASTLE PROPERTIES, INC.  
830 A1A NORTH, STE 4  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 59-3374652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OGDEN, SUE  
830 A1A NORTH  
SUITE 4  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOSKI, GEORGE  
Address: 110 SOLANO RD, STE 106  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VD ( ) Delete  
Name: GERVIN, SYD  
Address: 1 INDEPENDENT DR, STE 1600  
City-St-Zip: JACKSONVILLER, FL 32202

Title: STD ( ) Delete  
Name: WILSON, RUTH  
Address: 110 SOLANA RD, STE 100  
City-St-Zip: PONTE VEDRA BCH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE KOSKI

PD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date