

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 008 ****61.25

DOCUMENT # N04000005249							
1. Entity Name SOLANA ON THE RIVER CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business C/O SPACE COAST PROPERTY MGMT, 645 CLASSIC CT SUITE 104 MELBOURNE, FL 32940			Mailing Address C/O SPACE COAST PROPERTY MGMT, 645 CLASSIC CT SUITE 104 MELBOURNE, FL 32940				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		01042007 Chg-NP CR2E037 (12/06)			
4. FEI Number 20-1310163				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT SUITE 104 MELBOURNE, FL 32940				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		Mark Jackson		2/7/07			
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD	NAME BENNETT, KOHN		<input checked="" type="checkbox"/> Delete				
STREET ADDRESS 1600 N. ATLANTIC AVE., SUITE 201	CAPE CANAVERAL BCH, FL 32931		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CANAVERAL BCH, FL 32931						
TITLE VASD	NAME BENNETT, BRENDA					<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1600 N. ATLANTIC AVE., SUITE 201	CAPE CANAVERAL BCH, FL 32931					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	CAPE CANAVERAL BCH, FL 32931						
TITLE VSTD	NAME WASDIN, MILLIE		<input checked="" type="checkbox"/> Delete				
STREET ADDRESS 7008 SEVILLA CT.	CAPE CORAL, FL 32920		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CORAL, FL 32920						
TITLE [Blank]	[Blank]				<input type="checkbox"/> Delete		
STREET ADDRESS	[Blank]				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	[Blank]						
TITLE [Blank]	[Blank]		<input type="checkbox"/> Delete				
STREET ADDRESS	[Blank]		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
CITY-ST-ZIP	[Blank]						
TITLE [Blank]	[Blank]				<input type="checkbox"/> Delete		
STREET ADDRESS	[Blank]				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	[Blank]						
TITLE [Blank]	[Blank]		<input type="checkbox"/> Delete				
STREET ADDRESS	[Blank]		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
CITY-ST-ZIP	[Blank]						
TITLE [Blank]	[Blank]				<input type="checkbox"/> Delete		
STREET ADDRESS	[Blank]				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	[Blank]						
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:		2/5/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>					