2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002133

PONTE VEDRA BCH, FL 32082

City-St-Zip:

Entity Name: THE 110 SOLANA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 14, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
200 SOLANA RD., #A PONTE VEDRA BEACH, FL 32082				%SUNCASTLE PROPERTIES, INC. 830 A1A NORTH, STE 4 PONTE VEDRA BEACH, FL 32082		
Current Mailing Address:				New Mailing Address:		
% SUNCASTLE PROPERTIES, INC. 200-A SOLANA RD. PONTE VEDRA BEACH, FL 32082				% SUNCASTLE PROPERTIES, INC. 830 A1A NORTH, STE 4 PONTE VEDRA BEACH, FL 32082		
FEI Number:	: 59-3374652	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
OGDEN, SUE % SUNCASTLE PROPETIES INC. 200-A SOLANA RD. PONTE VEDRA BEACH, FL 32082 US				OGDEN, SUE 830 A1A NORTH SUITE 4 PONTE VEDRA BEACH, FL 32082 US		
	named entity e of Florida.	submits this statement for the	purpose o	f changing its registe	red office or registered agent, or both,	
SIGNATURE: SUE OGDEN Electronic Signature of Registered Agent					04/14/2003	
					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KOSKI, GEOR 110 SOLANO F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GERVIN, SYD) Delete NT DR, STE 1600 ER, FL 32202		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD (WILSON, RUTI 110 SOLANA F			Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: GEORGE KOSKI PD 04/14/2003