

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004585

**FILED**  
**Mar 21, 2019**  
**Secretary of State**  
**0749782557CC**

**Entity Name:** SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5505 N ATLNTIC AVE  
207  
COCOA BEACH, FL 32931

**Current Mailing Address:**

5505 N. ATLANTIC AVENUE  
SUITE 207  
COCOA BEACH, FL 32931 US

**FEI Number:** 59-3662573

**Certificate of Status Desired:** No

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

KEYS ENTERPRISE  
5505 N. ATLANTIC AVENUE  
SUITE 207  
COCOA BEACH, FL 32931 US

*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

**Officer/Director Detail :**

Title PD  
Name DEBLAUW, ARLYN  
Address 5505 N. ATLANTIC AVENUE  
SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name CAPASSO, JOSEPH  
Address 5505 N. ATLANTIC AVENUE  
SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title TD  
Name HIGGINS, JOHN  
Address 5505 N. ATLANTIC AVENUE  
SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title MANAGER  
Name HEADRICK , SCOTT  
Address 5505 N. ATLANTIC AVENUE  
SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title SECRETARY  
Name VAN HORN , MARY  
Address 5505 N ATLANTIC AVE  
207  
City-State-Zip: COCOA BEACH FL 32931

*I hereby 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 all other like empowered.*

SIGNATURE: SCOTT HEADRICK MANAGER 03/21/2019  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date