

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90077 029 \*\*\*\*61.25

**DOCUMENT # 729372**

1. Entity Name

SOL Y SOMBRA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2250 GULF BLVD.  
#2 D-2  
BELLEAIR BEACH FL 33786  
US

Mailing Address

5936 CHERRY OAK DR  
VALRICO FL 33594  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7437226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*David L Redmond*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/16/05*

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ~~TURNER, JAMES F III~~ *REDMOND, DAVID L.* ☐ Delete  
STREET ADDRESS 2250 GULF BLVD.  
CITY-ST-ZIP BELLEAIR BEACH FL 33786

TITLE VD  
NAME ~~HUNSEL, MARILYN~~ *HOLT, RHETA* ☐ Delete  
STREET ADDRESS 2250 GULF BLVD.  
CITY-ST-ZIP BELLEAIR BEACH FL 33786

TITLE STD  
NAME HARRELL, FRANKIE ☐ Delete  
STREET ADDRESS 2250 GULF BLVD.  
CITY-ST-ZIP BELLEAIR BEACH FL 33786

TITLE VD  
NAME RICE, SUSAN ☐ Delete  
STREET ADDRESS 2250 GULF BLVD.  
CITY-ST-ZIP BELLEAIR BEACH FL 33786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*David L Redmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/16/05 873-785-3934*

50018372



1st MOORE

CR2E037 (10/04)