## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 22, 2007 8:00 am Secretary of State

02-22-2007 90004 030 \*\*\*\*61.25

## **DOCUMENT #729372**



1. Entity Nan SOL Y So		CONDOMINIUM	M ASSOCIA	ATION, INC.									
Principal Place of Business 2250 GULF BLVD. D-2 BELLEAIR BEACH, FL 33786 US		5936	Mailing Address 5936 CHERRY OAK DR VALRICO, FL 33594 US										
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mail	ing Address	<del></del>								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01222007	Chg-NP	CR2E	037 (12/06)		
City & State			Cit	City & State				4. FEI Number 23-74372	226		<u> </u>	optied For ot Applicable	
Zip		Country	Zip		Соц	intry		5. Certificate of			\$8.75 Add Fee Require		
	6. Name	and Address of Cur	rent Registere	d Agent				7. Name and A	ddress of New I	Registered	Agent		
DEDMON	D DAV//D					Name							
SOL Y SO 2250 GUL	MBRA						Street Address (P.O. Box Number is Not Acceptable)						
BELLEAIR						City					Zip Cod		
						0,				F		0	
	namedjentit tions of regist	y submits this stateme tered agent.	ent for the purp	ose of changing its	registere	ed office or	registere	ed agent, or both,	in the State of Fl	orida. Lan	n familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered	agent and little if app	icable. (NOTE	: Registere	d Agent signatu	re required	when reinstateuri)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007					-	- •	no radonos	Wilder Tollistation (g)					
	_			9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		lake che	ck payable to		
10.	_		D DIRECTORS	9. Election Car	npaign F	inancing		\$5.00 May Be	Flo	fake che rida Depa	irtment of Si	tate	
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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:

Dedmond SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/07

813-185-3934