2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729372

FILED Apr 06, 2009 Secretary of State

Entity Name: SOL Y SOMBRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2250 GULF BLVD.

D-2

BELLEAIR BEACH, FL 33786 US

Current Mailing Address: New Mailing Address:

5936 CHERRY OAK DR VALRICO, FL 33594 US 5936 CHERRY OAK DR VALRICO, FL 33596 US

FEI Number: 23-7437226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REDMOND, DAVID L
SOL Y SOMBRA
2250 GULF BLVD D-2
BELLEAIR BEACH, FL 33786 US

REDMOND, DAVID L
2514 PROSPECT RD
TAMPA, FL 33679 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: 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: DT (X) Change () Addition Name: REDMOND, DAVID L Name: REDMOND, DAVID L

Address: 2250 GULF BLVD. Address: 2514 PROSPECT ROAD
City-St-Zip: BELLEAIR BEACH, FL 33786 US City-St-Zip: TAMPA, FL 33679 US

Title: VD () Delete Title: DP (X) Change () Addition

 Name:
 HOLT, RHETA
 Name:
 MILLER, SCOTT

 Address:
 2250 GULF BLVD.
 Address:
 3304 JEAN CIRCLE

 City-St-Zip:
 BELLEAIR BEACH, FL 33786 US
 City-St-Zip:
 TAMPA, FL 33629 US

Title: STD () Delete Title: DV (X) Change () Addition Name: KELLY, BYRD Name: HARRINGTON, TIMOTHY

Address: 2250 GULF BLVD Address: 7400 14TH ST NE

City-St-Zip: BELLEAIR BEACH, FL 33786 US City-St-Zip: ST PETERSBURG, FL 33702 US

Title: VD (X) Delete Title: () Change () Addition
Name: RICE, SUSAN Name:

 Name:
 RICE, SUSAN
 Name:

 Address:
 2250 GULF BLVD.
 Address:

 City-St-Zip:
 BELLEAIR BEACH, FL 33786
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DAVID REDMOND DT 04/06/2009