2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 22, 2006 8:00 am Secretary of State

06-22-2006 90002 004 ****61 25

| 1. Entity Nam | MENT #739305 DEL SOL CONDOMI | | CIATION, IN | с. | | U6-22-2006 9I | 0002 004 *****61 | 1.25 | |
|---|--|---|--|--|---|---|---|-------------------------------|--|
| Principal Place of Business 1500 PARK BEACH CIRCLE PUNTA GORDA, FL 33950 | | 265 | Mailing Address 265 TAMIAMI TRAIL PUNTA GORDA, FL 33952 US | | | 40096692 | | | |
| 2. Principal P | Mace of Business | | Star Ho | espitality | 2142 | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt #, etc. | | 06142006 | Chg-NP | CR2E037 (4/06) | | |
| City & State | | Pu | Punta Gorda. H | | 4. FEI Number 25-1336 | | +- | plied For at Applicable | |
| Zip | Country | Zip | | Country | 5. Certificate of | f Status Desired | \$8.75 Add Fee Require | litional | |
| _ | 6. Name and Address of C | urrent Registere | d Agent | | 7. Name and A | ddress of New Re | gistered Agent | | |
| STAR HOSPITALITY MGMT 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | | FL Zip Code | é | |
| 8. The above the obligat | named entity submits this stater tions of registered agent. | ment for the purpo | se of changing its | s registered office o | r registered agent, or both | , in the State of Flori | ida. I am familiar with, | and accept | |
| | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of register | red agent and little if appl | icable. (NOT | TE: Registered Agent signs | ture required when rainstating) | | DATE | | |
| | Signature, typed or printed name of register Filling Fee is \$61.25 ue by September 6, 200 | | 9. Election Ca | TE: Registered Agent signs impaign Financing Contribution. | \$5.00 May Be Added to Fees | | DATE ke check payable to la Department of St | | |
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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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-06

Daytime Phone #