

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90399 042 ****61.25

DOCUMENT # 739326

1. Entity Name

SOLANA OAKS, INC.



Principal Place of Business

SOLANA OAKS, INC.
1201 SOLANA RODA
NAPLES FL 33940
US

Mailing Address

C/O MELDON CONSULTANTS
800 HARBOUR DR
NAPLES FL 34103
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1826332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
800 HARBOUR DR
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

William S. Moore

Street Address (P.O. Box Number is Not Acceptable)

c/o Meldon Consultants

4949 Tamiami Trail N, #201

City

Naples

FL

Zip Code

34103-3017

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

William S. Moore

3/21/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **PT** ☐ Delete
NAME **DE CLERCO, SUZANNE**
STREET ADDRESS **1201 SOLANA RD. #3**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ Delete
NAME **BODNAR, ROBERT**
STREET ADDRESS **1201 SOLANA ROAD #6**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **MYERS, LINDA**
STREET ADDRESS **1201 SOLANA ROAD #5**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
NAME **Charlynn Dorsey**
STREET ADDRESS **1210 Shady Rest Lane #10**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☐ Change ☒ Addition
NAME **Sherry Irvin**
STREET ADDRESS **1219 Solana Rd #16**
CITY-ST-ZIP **Naples, FL 34103**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Suzanne deClercq, Suzanne deClercq 3/21/06

239-435-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #