

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769271

FILED
Aug 22, 2007
Secretary of State

Entity Name: SOLAR-CRAB ORCHARD PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%DALE REEVES, SOLAR SPORTSYSTEMS, INC.
1300 NORTH DAVIS RD
E. AURORA, NY 14052

New Principal Place of Business:

Current Mailing Address:

%DALE REEVES, SOLAR SPORTSYSTEMS, INC.
1300 NORTH DAVIS RD
E. AURORA, NY 14052

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALLE, CRAIG T ESQ
11199 POLO CLUB RD
WELLINGTON, FL 334146041 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAWLINGS, BEVERLY
Address: 2554 PLAYER'S COURT
City-St-Zip: WELLINGTON, FL 33414

Title: VPST () Delete
Name: REEVES, DALE
Address: 1300 NORTH DAVIS ROAD
City-St-Zip: E. AURORA, NY 14052

Title: D () Delete
Name: JACOBS, JEREMY M
Address: 1300 NORTH DAVIS ROAD
City-St-Zip: E. AURORA, NY 14052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DALE REEVES

VPST

08/22/2007

Electronic Signature of Signing Officer or Director

Date