

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90063 010 ****61.25

DOCUMENT # N00000004585

1. Entity Name

SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1600 NORTH ATLANTIC AVENUE SUITE 201
COCOA BEACH FL 32931**

Mailing Address

**1600 NORTH ATLANTIC AVENUE SUITE 201
COCOA BEACH FL 32931**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3662573

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, CURTIS R ESQ
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANDLICH, JOHN 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS WASDIN, MILLIE 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BENNETT, BRENDA 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

BRENDA C. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/20/01 321-784-8093**
Date Daytime Phone #

CR2E037 (10/00)