

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90539 024 ****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		04182004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3662573	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQ 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASDIN, MILLIE 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bevacqua, Sal 8871 Lake Dr #406 Cape Can 32920 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BENNETT, BRENDA 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Blanchard, Gerald 8951 Lake Dr #346 Cape Canaveral FL 32920 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESWORTHY, JOHN 8931 FALL DR #C 505 CAPE CANAVERAL, FL 32920 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Curren, Bill 8961 Lake Dr #301 Cape Canaveral FL 32920 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Forbes, Paul 8871 Lake Dr #404 Cape Can FL 32920 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglass, Dan 8951 Lake Dr #304 Cape Canaveral FL 32920 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Paul A. Forbes PAUL FORBES APRIL 20, 2004 784-2091 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					