

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90403 014 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3662573	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	BEVACQUO, SAL		NAME	Gordon, Debbie	
STREET ADDRESS	8871 LAKE DR # 406		STREET ADDRESS	8431 Lake Dr # 202 Cape Can Fl 32920	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	CAPE CAN FL 32920	
TITLE	VD	☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	BLANCHARD, GERALD		NAME	Zayaz, Hector	
STREET ADDRESS	8951 LAKE DR # 306		STREET ADDRESS	8421 Lake Dr # 403 Cape Can Fl 32920	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	CAPE CAN FL 32920	
TITLE	SD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	CUNEEEN, BILL		NAME	Cuneeen, Bill	
STREET ADDRESS	8961 LAKE DR # 301		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FORBES, PAUL		NAME		
STREET ADDRESS	8871 LAKE DR # 404		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DOUGLASS, DAN		NAME	Douglass, Don	
STREET ADDRESS	8951 LAKE DR # 304		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Deborah W. Gordon</i> DEBORAH W. GORDON			4/26/05 321-799-2115		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		