## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000004585

1. Entity Name

SIGNATURÉ:

SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90064 004 \*\*\*\*61.25

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				11006497			
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		· City & State			4. FEI Number 59	4. FEI Number 59-3662573 Applied For			
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent	<u>l</u> To comment	ne managrap	7. Name and Addr	ess of New Registered	<u>-</u>		
1221 EAS	Curtis R ESQ St New Haven Avenue RNE FL 32901			Name Street Addre	ess (P.O. Box Number is Not Acceptable)				
				City		F	Zip Cod	ie	
	e named entity submits this statement tions of registered agent.				istered agent, or both, in t	ne State of Florida. I an	n familiar with,	and accept	
<u> </u>	LE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAYWARD, KATHLEEN 8921 LAKE DR #B502 CAPE CANAVERAL FL 32920	Delete	- 8	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD WASDIN, MILLIE 1600 NORTH ATLANTIC AVENU COCOA BEACH FL 32931			T ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BENNETT, BRENDA 1600 NORTH ATLANTIC AVENU COCOA BEACH FL 32931	☐ Delete JE SUITE 201		T ADDRESS ST- ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE - CITY-S	T ADDRESS ST-ZIP	John Esh 8931 tale Cepe Cenam	00 #C508	, □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	r address St- zip			☐ Change	Addition	
indicated	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee em	t is true and accurate and that n	ny signatu	re shall have t	the same legal effect as if	made under oath; that I	am an officer	or director	

REBRENON C. BENNETT 4/14/03