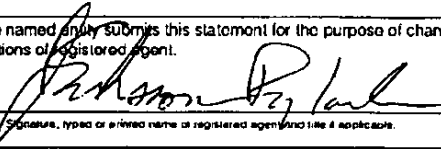
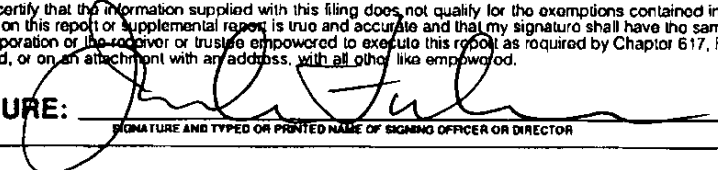


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-17-2007 90037 034 ****61.25

DOCUMENT # N01649					
1. Entity Name SOLANA VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3314 NORTHSIDE DR. #211 KEY WEST FL 33040 US			Mailing Address 3314 NORTHSIDE DR. #211 KEY WEST FL 33040 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2379987	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ERIKSSON-RYLANDER, JOYCE 75 BAY DR KEY WEST FL 33040				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  DATE 4/23/07 (NOTE: Registered Agent signature required when renewing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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-STATE-ZIP	P WILON, DAVID 4206 ALTON WAY SARASOTA FL 34232 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT JULIE FUHRMAN 3314 NORTHSIDE DRIVE # 46 KEY WEST, FL 33040 ☒ Change ☐ Addition NAME CHANGE DUE TO MARRIAGE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MCCALLUM, SHARON 27 ARBUTHS KEY WEST FL 33040 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR DALE SILVA 3314 NORTHSIDE DR KEY WEST, FL 33040 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SHRECK, JULIE 3314 NORTHSIDE DR., #48 KEY WEST FL 33040 ☐ Delete NAME & TITLE CHANGE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR ROSARIO SCAVELLI 81 SIRIUS LANE KEY WEST, FL 33040 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZANO, NOAM 509 ONYM ST KEY WEST FL 33040 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE 6/6/07 (305) 294-7971 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					