2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01649

Entity Name: SOLANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3314 NORTHSIDE DR.
#211
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3314 NORTHSIDE DR.
#211
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2379987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAVELLI, ROSARIO
81 SIRIUS LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

GOODRICH, ANGELA S
3314 NORTHSIDE DR
32
KEY WEST, FL 33040 US

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: ANGELA S GOODRICH 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FUHRMAN, JULIE
Address: 3314 NORTHSIDE DR #48
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: SILVA, DAVE
Address: 3314 NORTHSIDE DR #22
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: SCAVELL, ROSARIO
Address: 81 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FUHRMAN, JULIE
Address: 1201 17TH STREET
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition
Name: SILVA, DALE
Address: 3314 NORTHSIDE DR #22
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition
Name: SCAVELLI, ROSARIO
Address: 81 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Change (X) Addition
Name: GOODRICH, ANGELA S
Address: 3314 NORTHSIDE DR #32
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Change (X) Addition
Name: ERIKSSON-RYLANDER, JOYCE
Address: 75 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA S GOODRICH D 04/30/2009
Electronic Signature of Signing Officer or Director Date