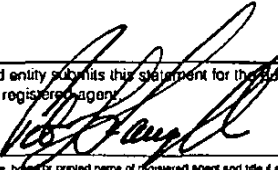
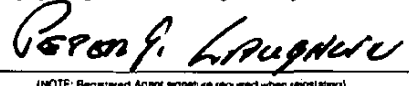
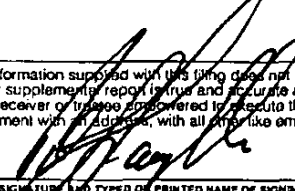
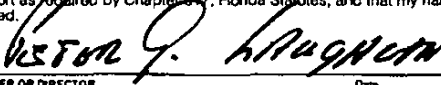


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002013			
1. Entity Name SOLYMAR OWNERS ASSOCIATION, INC.			
Principal Place of Business 333 S. PINEAPPLE AVE SARASOTA, FL 34236		Mailing Address 333 S. PINEAPPLE AVE SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2101 47th Street Sarasota, FL 34234		2101 47th Street Sarasota, FL 34234	
4. FEI Number 01-0643258		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAUGHLIN, PETER 333 S PINEAPPLE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Str 2101 47th Street City Sarasota, FL 34234 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   4/23/08 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, 2008		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			
TITLE	D ☐ Delete	11. ☐ Change ☐ Addition	
NAME	LAUGHLIN, PETER G	2101 47th Street	
STREET ADDRESS	333 S. PINEAPPLE AVE	Sarasota, FL 34234	
CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	D ☐ Delete	☐ Change ☐ Addition	
NAME	LAUGHLIN, DUANE	2101 47th Street	
STREET ADDRESS	333 S. PINEAPPLE AVE	Sarasota, FL 34234	
CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	D ☐ Delete	☐ Change ☐ Addition	
NAME	BLIN, JIM	2101 47th Street	
STREET ADDRESS	333 S. PINEAPPLE AVE	Sarasota, FL 34234	
CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:   4/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

08 MAY 13 PM 2:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

60033522



04172008 Chg-NP CR2E037 (12/06)