

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001474

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** SOLIVITA COMMUNITY ASSOCIATION BINGO, INC.

**Current Principal Place of Business:**

395 VILLAGE DRIVE  
POINCIANA, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

351 NEW RIVER DR  
POINCIANA, FL 34759

**New Mailing Address:**

FEI Number: 03-0535210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOSWELL, DIANA  
Address: 529 BELLINI WAY  
City-St-Zip: POINCIANA, FL 34759

Title: V  
Name: MAIATICO, BRENDA  
Address: 908 BELLA VIANA RD  
City-St-Zip: POINCIANA, FL 34759

Title: S  
Name: LEWIS, BRAD  
Address: 129 MERIDIAN AVE  
City-St-Zip: POINCIANR, FL 34759

Title: T  
Name: SCHULMAN, SUSAN  
Address: 351 NEW RIVER DR  
City-St-Zip: POINCIANA, FL 34759

Title: AT  
Name: ROBINSON, JOHN  
Address: 340 LAKE CASSIDY DR  
City-St-Zip: POINCIANA, FL 34759

I hereby 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 all other like empowered.

SIGNATURE: SUSAN A SCHULMAN

TREA

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date