

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 002 ****61.25

DOCUMENT # N03000004697

1. Entity Name
SOLENZARA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**372 LENELL ROAD
FORT MYERS BEACH, FL 33931**

Mailing Address
**372 LENELL ROAD
FORT MYERS BEACH, FL 33931**

50041899



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
c/o Integrated Property Mgmt.
Suite, Apt. #, etc.
City & State
Zip

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0157157
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEARCE, LAWRENCE L
372 LENELL ROAD
FORT MYERS BEACH, FL 33931**

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

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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEARCE, LAWRENCE L
372 LENELL ROAD
FORT MYERS BEACH, FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCCRISTAL, EDWARD P
372 LENELL ROAD
FORT MYERS BEACH, FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WORTZEL, ALAN S
P.O. BOX 611
SANIBEL, FL 33957** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

239-463-8783

Daytime Phone #