

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000004697

1. Entity Name

SOLENZARA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET N #201
NAPLES, FL 34103**



03172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERMANN, MARK
STREET ADDRESS	25961 HICKORY BLVD #1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DVP
NAME	BLAKELEY, ROBERT
STREET ADDRESS	25941 HICKORY BLVD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DS
NAME	TULLOCH, ROBERT
STREET ADDRESS	C/O REALCO 3301 BONITA BCH RD #307
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DT
NAME	HOLT, RANDY
STREET ADDRESS	25961 HICKORY BLVD #2
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80062-004 61.25

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IN THIS SPACE**

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 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

4/1/08

825 4591

Daytime Phone #