


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 035 ****61.25

DOCUMENT # N04000003812	
1. Entity Name CONDOMINIUM ASSOCIATION OF SOLAMAR, INC.	

Principal Place of Business 95 NORTH MARIN COURT PUNTA GORDA, FL 33950	Mailing Address P.O. BOX 511448 PUNTA GORDA, FL 33951-1448
--	--

60034100



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4775627	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950

**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 _____ (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	PD
NAME	CRIST, DOUGLAS E
STREET ADDRESS	P.O. BOX 511448
CITY-ST-ZIP	PUNTA GORDA, FL 33951
TITLE	VD
NAME	JOHNS, LEWIS D
STREET ADDRESS	P.O. BOX 511448
CITY-ST-ZIP	PUNTA GORDA, FL 33951
TITLE	SD
NAME	FASSETT, RANDY
STREET ADDRESS	P.O. BOX 511448
CITY-ST-ZIP	PUNTA GORDA, FL 33951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Randy Fasset

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

941-639-4220

Daytime Phone #