

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007311

FILED
Feb 28, 2012
Secretary of State

Entity Name: SOLANA AT HERONS GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND RD., BLDG 8-D
CAPE CORAL, FL 33909 US

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT, LLC
P.O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 20-2379897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND RD.
BLDG 8-D
CAPE CORAL, FL 33909 US

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:

02/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: TURCOT, RONALD
Address: 20911 CALLE CRISTAL LN, UNIT 6
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D
Name: HALLERAN, ELLEN
Address: 20941 CALLE CRISTAL LN. #4
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD
Name: ROMINE, RICHARD
Address: 7351 TROTWOOD DR.
City-St-Zip: CONCORD, OH 44077

Title: PD
Name: GREEN, WILLIAM
Address: 20910 CALLE CRISTAL LN #4
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD
Name: OLIVER, SUSAN
Address: 20911 CALLE CRISTAL LANE, UNIT 2
City-St-Zip: NORTH FORT MYERS, FL 33917

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: WILLIAM GREEN

PD

02/28/2012

Electronic Signature of Signing Officer or Director

Date