
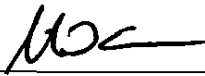
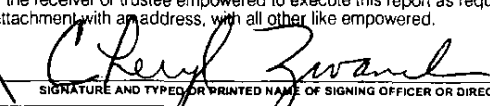


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

04-26-2007 90232 009 ****61.25
07-23-2007 90036 040 ****61.25

DOCUMENT # N05000001177 1. Entity Name SOLANA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		Mailing Address 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32806		City & State Orlando, FL Zip 32806	
Country US		Country US	
4. FEI Number 20-2425726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Don Asher & Associates Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Avenue City Orlando FL Zip Code 32806	
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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	CAVARETTA, CHARLES F		
CITY - ST - ZIP	5200 VINELAND ROAD SUITE 200 ORLANDO, FL 32811		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	DILGER, GARY		
CITY - ST - ZIP	5200 VINELAND ROAD SUITE 200 ORLANDO, FL 32811		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	OTTOSEN, ROBERT		
CITY - ST - ZIP	5200 VINELAND ROAD SUITE 200 ORLANDO, FL 32811		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	President Cheryl Zwauch		
CITY - ST - ZIP	1112 Richmond Street Scanton, PA 18509		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	Vice President Paul Gert		
CITY - ST - ZIP	1 Ribbon Fields; Nuneaton, Warwickshire CV11 4 JF United Kingdom		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	Treasurer Lawrence Ault		
CITY - ST - ZIP	7 Hubbard Drive White Plains, NY 10605		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
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: 		Date 570-342-1881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			