

**NO5000001177**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

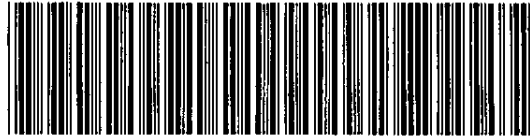
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILING  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

AUG 21 2015  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Solana Homeowners Association Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000001177

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karin Kirk

Name of Contact Person

Aegis Community Managment Solutions Inc.

Firm/Company

8390 Championsgate Blvd. Suite 304

Address

Championsgate, FL 33896

City/State and Zip Code

kkirk@aegiscms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Kirk

Name of Contact Person

at ( 863 ) 256-5052

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Solana Homeowners Association Inc.  
2. The principal office address: 2113 Ruby Red Blvd. Suite B  
Clermont, FL 34714  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N05000001177

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Extreme Management Team, LLC

2113 Ruby Red Blvd. Suite B

Clermont, FL 34714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Aegis Community Managment Solutions Inc.

8390 Championsgate Blvd. Suite 304

P.O. Box NOT acceptable

Championsgate, FL 33896

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Elizabeth Harrow  
Signature of an officer or director

Elizabeth Harrow President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

David L Burman  
Signature of Registered Agent

8-10-15  
Date

If signing on behalf of an entity:

David L Burman  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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