NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT: (UBR)

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # NO5756					Secretary of State		
1. Entity Name					02-20-2006 90056 025 ****61.25		
i. Littly Name							
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SOLANO WOODS H	IOMEOWNERS ASS	SOCIATION, INC.			1	yv×÷	
DO.	NOT WRITE	IN THIS SPA	CE				
			\overline{A}				
2. Principal Place of Business 3. Mailing Address					1		
P.O. BOX 143	P.O. BOX 143						
Suite, Apt #, etc	Suite, Apt. #, etc,			DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI Number Applied For			
PONTÉ VEDRA BEACH, FL		PONTE VEDRA BEACH, FL		59-2713		Not Applicable	
Zip Country				untry	5. Certific	ate of Status Desired	\$8.75 Additional
32004-0143	:::Chock outs action at an emphasis material material materials	 32004-0143	centralisation foliate	, 	<u> </u>		Fee Required
		e e e e e e e e e e e e e e e e e e e		Name	Name a	nd Address of Current F	Registered Agent
				WALBURN, J	AMES K	•	
	DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
La Caración de	IN THIS SPA	regarding the second of the Market Carlot		106 DUCK BI	LL COVE		
	IN I HIS SEA	\ CE'					
Principal Commencer				City		н F	Zip Code
				PONTE VEDI			- DEOOF
		statement for the pur ith, and accept the ol				ed office or registered age	nt, or both,
	iliua. I alli lalliillal W	itii, aliu accept tite ot	Jiiyati	ons or register	eu ayent.		
SIGNATURE							
Signatu	re typed or printed name of regi	istered agent and title if applical	ble. (NO	IE: Registered Agent	signature requ	uired when reinstating) DATE	
n en nomen de la compressión d		O Flories Commi	5:				
	\$61.25 nended UBR	9. Election Campaign			O May Be ed to Fees	Make Check Florida Departi	
		Traser and Core	ibatioi		u to i ees		
10.	OFFICERS AND DIF	RECTORS	1	1.			
TITLE	P		ŢĮ	TLE			
	EVANS, MIKE		NA	ME.			
STREET ADDRESS			1119916	REET ADDRE	SS		
	PONTE VEDRA BE	ACH, FL 32082	_	TY-ST-ZIP			
TITLE NAME	VP BARROW, AMY		3566	TLE \ME			
STREET ADDRESS		ΔII	4579546	REET ADDRE	22		
	PONTE VEDRA BE		2-12-12-12	TY-ST-ZIP	.00	A part of the second se	34,944
TITLE	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	TLE			
NAME	HUSTON, FRANCE	S	NA	ME .			
STREET ADDRESS	104 DUCK BILL CO	VE	ST	REET ADDRE	SS	DANATA	BUTE
	PONTE VEDRA BE	ACH, FL 32082	_	TY-ST-ZIP		DO NOT W	RUE
TITLE	T		*(4) (4)	TLE		IN THIS SP	PACE
NAME	WALBURN, JAMES		21 775-13	ME			
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BE		1/2-19792	REET ADDRE TY-ST-ZIP	:55 		
TITLE	D	~~!!, ! L V£V0£		TLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nan tarasan sa mengelengan sa Chiri hiji jagan kanan sa mengelengan sa
	HERNANDEZ, MIM	I	14,344316	AME .			
STREET ADDRESS			460,046	REET ADDRE	SS		
	PONTE VEDRA BE	ACH, FL 32082	Ci	TY-ST-ZIP			
TITLE			10,500	TLE			
NAME			818188	ME			
STREET ADDRESS CITY-ST-ZIP			i in single	REET ADDRE TY-ST-ZIP	:00		
OH 1-01-4F	1				economic e estados e estados en entre e en estados en entre en entre en entre en entre en entre en entre entre en entre		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR GREETOR

2/8/2006

904 285-7176

Daytime Phone #