

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

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90031 021 \*\*\*\*61.25

**DOCUMENT #** NO5756

**1. Entity Name**

SOLANO WOODS HOMEOWNERS ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

P.O. BOX 143

Suite, Apt #, etc

**3. Mailing Address**

P.O. BOX 143

Suite, Apt. #, etc,

**City & State**

PONTE VEDRA BEACH, FL

**City & State**

PONTE VEDRA BEACH, FL

**4. FEI Number**

59-2713393

**Applied For**

Not Applicable

**Zip**

32004-0143

**Country**

**Zip**

32004-0143

**Country**

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

**Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

WALBURN, JAMES K.

**Street Address (P.O. Box Number is Not Acceptable)**

106 DUCK BILL COVE

**City**

PONTE VEDRA BEACH

**FL**

**Zip Code**

32082

**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**

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**D**

EVANS, MIKE

517 PHEASANT RUN

PONTE VEDRA BEACH, FL 32082

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**D**

BARROW, AMY

103 MALLARD TRAIL

PONTE VEDRA BEACH, FL 32082

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**D**

HERNANDEZ, MIREILLE W

103 TURTLE WALK

PONTE VEDRA BEACH, FL 32082

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**D**

WALBURN, JAMES K.

106 DUCK BILL COVE

PONTE VEDRA BEACH, FL 32082

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**D**

WILLIAMS, SAMUEL

PONTE VEDRA BEACH, FL 32082

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**11.**

**TITLE**

**NAME**

**STREET ADDRESS**

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**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 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 attachment with an address, with all other like empowered.**

**SIGNATURE:**

*James K. Walburn* JAMES K. WALBURN

3/14/2007

Date

904 285-7176

Daytime Phone #