

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

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 024 ****61.25

DOCUMENT # NO5756
1. Entity Name

SOLANO WOODS HOMEOWNERS ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

40023703

2. Principal Place of Business PO BOX 143 Suite, Apt #, etc	3. Mailing Address PO BOX 143 Suite, Apt. #, etc,
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DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA, FL	City & State PONTE VEDRA, FL	4. FEI Number 59-3713393	Applied For Not Applicable
Zip 32004-0143	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CHRISTOPHER 411 PHEASANT RUN PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFEK, BRIAN 107 SOLANO WOODS DR PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SAMUEL 200 PHEASANT RUN PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **2/4/2008** **904 285-7176**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #