

FILED
Apr 09, 2007 8:00 am
Secretary of State

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03-26-2007 90053 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000012865			
1. Entity Name SOLAIRE AT THE PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 921 N. PENNSYLVANIA AVENUE WINTER PARK, FL 32789		Mailing Address 921 N. PENNSYLVANIA AVENUE WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # Solaire @ The Plaza 1555 Court Ave Orlando FL		3. Mailing Address Solaire @ The Plaza 1555 Court Ave Orlando FL	
4. FEI Number 20-8079176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD BARRUS, CHARLES 1110 NORTHCHASE PARKWAY SUITE 150 MARIETTA, GA 30067		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VD BAUGNON, JAMES 1110 NORTHCHASE PARKWAY SUITE 150 MARIETTA, GA 30067		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP STD CHAPPELL, WILLIAM 1110 NORTHCHASE PARKWAY SUITE 150 MARIETTA, GA 30067		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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:  Charles K. Barrus		Date: 3/19/07 407 373-2480	