


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90024 005 ****70.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N06000012865 | | | |  | |
| 1. Entity Name SOLAIRE AT THE PLAZA CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business SOLAIRE @ THE PLAZA 155 S. COURT AVE ORLANDO, FL 32801 | | | Mailing Address SOLAIRE @ THE PLAZA 155 S. COURT AVE ORLANDO, FL 32801 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-8079176 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME BARRUS, CHARLES STREET ADDRESS 1110 NORTHCHASE PARKWAY SUITE 150 CITY - ST - ZIP MARIETTA, GA 30067 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME BAUGNON, JAMES STREET ADDRESS 1110 NORTHCHASE PARKWAY SUITE 150 CITY - ST - ZIP MARIETTA, GA 30067 | <input checked="" type="checkbox"/> Delete | | TITLE VD NAME TROY CORBIN STREET ADDRESS 2220 LAUREL BLOSSOM CIRCLE CITY - ST - ZIP ORLANDO, FL 32761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STD NAME CHAPPELL, WILLIAM STREET ADDRESS 1110 NORTHCHASE PARKWAY SUITE 150 CITY - ST - ZIP MARIETTA, GA 30067 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ | | | 1-11-08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |