

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001383

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOLEMIO TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

% MICHAEL J. STYLES
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

% MICHAEL J. STYLES
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STYLES, MICHAEL J
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARGAS, OSCAR
Address: 800 REGAL COVE ROAD
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: POTENTI, ALESSANDRO
Address: 904 N.W. 9TH AVENUE COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POTENTI, ALESSANDRO
Address: 904 N.W. 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR VARGAS

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date