

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20121

FILED
Apr 27, 2009
Secretary of State

Entity Name: VILLAGE OF SOLANO, INC.

Current Principal Place of Business:

6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3108966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC.
6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 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: SD () Delete
Name: GORDON, PAM
Address: 134 LA PASADA CIR W
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: ROTELLA, TOM
Address: 135 LA PASADA CIR N
City-St-Zip: PONTE VEDRA BCH., FL 32082

Title: TR () Delete
Name: AMATO, JUSTOS
Address: 136 W. LAPASADA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: HINSON, KEN
Address: 124 N LA PASADA CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: AMATO, JUSTOS
Address: 136 W. LAPASADA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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: TOM ROTELLA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date