

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N36101 (6)

1. Corporation Name
SOLANA CONDOMINIUM ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business 2145 N.E. 204TH STREET N. MIAMI BEACH FL 33179 | Mailing Address 2145 N.E. 204TH STREET N. MIAMI BEACH FL 33179 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 21 6257-B GRAYCLIFF DR. Suite, Apt. #, etc. | 2a. Mailing Address 25 Suite, Apt. #, etc. |
| 22 05 City & State 23 Boca Raton FL | 27 FL City & State |
| 24 33496 Zip Country 25 PB | 29 FL Zip Country 30 |

8. Name and Address of Current Registered Agent

PINKWASSER, ALAN
2145 N.E. 204TH STREET
N. MIAMI BEACH FL 33179

Delete

3. Date Incorporated or Qualified
01/16/1990

4. FEI Number
65-0230032

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Gary A. Poliakoff, President

82 Street Address (P.O. Box Number is Not Acceptable)
Becker & Poliakoff, P.A.

83 **3111 Stirling Road**

84 City **Fort Lauderdale** **FL** 85 Zip Code **33312**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **1-23-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---------------------------------|--|
| TITLE PTD | NAME KRAUT, WILLIAM | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 200 TORCHWOOD AVENUE | | |
| CITY-ST-ZIP PLANTATION FL | | |
| TITLE VD | NAME FISCH, STEVEN | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2145 N.E. 204TH STREET | | |
| CITY-ST-ZIP NORTH MIAMI BEACH FL | | |
| TITLE SD | NAME PINKWASSER, ALAN | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2145 N.E. 204TH STREET | | |
| CITY-ST-ZIP NORTH MIAMI BEACH FL | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME SAM BLUM | |
| 1.3 STREET ADDRESS 6257-B GRAYCLIFF DRIVE | |
| 1.4 CITY-ST-ZIP Boca Raton FL 33496 | |
| 2.1 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME ALLAN HAUZER | |
| 2.3 STREET ADDRESS 6244-D GRAYCLIFF DRIVE | |
| 2.4 CITY-ST-ZIP Boca Raton FL 33496 | |
| 3.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME PAUL SCHWARTZ | |
| 3.3 STREET ADDRESS 6244-12 GRAYCLIFF DRIVE | |
| 3.4 CITY-ST-ZIP Boca Raton FL 33496 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-23-98**

CR2E037 (10/97)